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1955



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COUNTY BOROUGH OF GATESHEAD

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# ANNUAL REPORT

OF THE

Public Health Department

FOR YEAR 1955

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JAMES GRANT, M.D., Ch.B., D.P.H.  
(GLASGOW)

MEDICAL OFFICER OF HEALTH

W. A. MEARS, CHIEF SANITARY INSPECTOR



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## HEALTH COMMITTEE

1955 - 1956

*Chairman :* ALDERMAN P. S. HANCOCK, O.B.E.

*Vice-Chairman :* ALDERMAN J. T. ETHERINGTON

THE MAYOR (ALD. F. PATTISON)	COUN. MRS. A. E. JEWITT, J.P.
ALD. W. F. BARRON, J.P.	„ E. C. A. LUMSDEN
„ M. GRANT	„ J. S. MAGNAY, J.P.
„ MRS. M. GUNN	„ J. W. MORRIS
„ J. A. HUTCHISON	„ A. W. MORRISON
„ B. N. YOUNG	„ W. J. PIKE
COUN. E. ARMSTRONG	„ J. W. ROBERTS
„ R. N. BAPTIST	„ A. V. TURNBULL
„ MRS. M. BELL	„ C. H. WHEATLEY
„ G. A. CLARKE	„ S. J. WHEATLEY
„ A. CROSSLEY	„ T. WILKINSON
„ J. J. CUSACK	
„ MRS. A. HUTCHISON, J.P.	

### *Representatives of Outside Bodies :*

DR. J. C. ARTHUR

MR. C. G. C. SIMMONS,  
Secretary, Executive Council for  
Gateshead.

## SUB-COMMITTEES

### *Maternity & Child Welfare :*

THE CHAIRMAN	COUN. R. N. BAPTIST
THE VICE-CHAIRMAN	„ MRS. M. BELL
ALD. MRS. M. GUNN	„ MRS. A. HUTCHISON, J.P.
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT, J.P.
„ B. N. YOUNG	„ J. W. MORRIS

### *Co-opted Members :*

MRS. A. R. CHARLTON	MRS. L. PATTISON
MRS. M. ORTON	MRS. M. E. ROBERTS
MRS. M. E. WINNARD	

### *Invalid Care and After-Care :*

THE CHAIRMAN	COUN. MRS. M. BELL
THE VICE-CHAIRMAN	„ A. CROSSLEY
ALD. W. F. BARRON, J.P.	„ MRS. A. HUTCHISON, J.P.
„ J. A. HUTCHISON	„ MRS. A. E. JEWITT, J.P.
COUN. R. N. BAPTIST	„ J. W. MORRIS

### *Representative of the Council of Social Service :*

REV. A. WIGHAM PRICE.

### *Other Members :*

MISS H. BROTHERTON.

### *Ex-Officio :*

The Personal Service Worker of the Council of Social Service  
(MISS E. H. DAVISON).

### *General Purposes and Insanitary Property :*

THE CHAIRMAN	COUN. R. N. BAPTIST
THE VICE-CHAIRMAN	„ MRS. M. BELL
ALD. W. F. BARRON, J.P.	„ A. CROSSLEY
„ J. A. HUTCHISON	„ MRS. A. HUTCHISON, J.P.
„ B. N. YOUNG	„ J. S. MAGNAY, J.P.
COUN. E. ARMSTRONG	„ A. W. MORRISON
COUN. T. WILKINSON	



## 1. STAFF OF LOCAL AUTHORITY

*\*Medical Officer of Health, Principal School Medical Officer and Medical Superintendent, Sheriff Hill Infectious Diseases Hospital*—JAMES GRANT, M.D., CH.B., D.P.H.

*Deputy Medical Officer of Health and Senior School Medical Officer*—MARGARET B. HERBST, M.D., B.S., B.HY., D.P.H.

*Senior School Medical Officer and Assistant Medical Officer of Health*—IRIS M. PRATT, M.B., B.S., B.HY., D.P.H. (retired 30.7.55).

*Assistant Medical Officers of Health and School Medical Officers*—

LORNA M. ROZNER, M.B., B.S., D.P.H.; MAX PARK, M.B., CH.B., D.P.H. (resigned 3.12.55); CHARLES CAMM, M.B., B.S.; JEAN M. BAINBRIDGE, M.B., B.S., D.R.C.O.G. (commenced 3.10.55).

*Chief Dental Officer*—JOSEPH WHITEHOUSE, L.D.S.

*Dental Officers*—HENRY J. COOMBES, L.D.S.; MRS. INA F. JONES, L.D.S. (resigned 25.8.55); MISS TERESA A. ROSSI, B.D.S.; WILLIAM E. M. MCINTYRE, B.D.S. (commenced 22.8.55).

*Dental Attendants*—MISS D. RIDDLE, MRS. B. PARKIN (resigned 2.7.55); MISS E. M. CESSFORD; MISS E. GRASS; MISS S. P. THOMPSON; MISS E. BESFORD (commenced 27.6.55); MISS P. A. BAGNALL (commenced 25.7.55).

*Dental Technicians*—T. W. CURTIS, J. GILHOLME, S. M. COLE (Apprentice—on National Service).

*Orthoptist*—MISS J. F. MAUGHAN, D.B.O.

*Physiotherapist (part-time)*—MRS. G. AYSLEY, M.C.S.P.

*Health Visitors and School Nurses*—C. ROBSON (Supt.), I. ROUSE (retired 6.9.55), M. DAGLISH, D. C. JOHNSON, I. BRADLEY, E. WISE, M. CRAGGS, E. POWLEY, J. TURNBULL, S. W. ATKINSON, A. MULLEN, H. MCKENNA (resigned 28.10.55), E. SINCLAIR, R. GARDNER, S. GILLEY, M. DAGG (resigned 23.4.55), N. M. BELL, BAXTER, M. FAIRS, M. M. CUNNINGHAM.

*Student Health Visitor (under Training as from 1.6.55)*—P. L. TROTTER.

*Open Air School Nurse*—E. M. MAPLE.

*Nursing Assistants*—M. COATES, W. CRAIG, P. M. JACKSON (commenced 28.11.55).

*Tuberculosis Nurses*—E. FRY, J. HEATLEY.

*Non-medical Supervisor of Midwives*—M. BOLAM.

*Municipal Midwives*—D. E. BELL, E. BENDIN, A. FALDON, L. OTTOWAY, S. POOLE, S. STEWART, M. DOBSON, E. DOUGLAS, B. MENHAMS, E. TORRINGTON, C. ROSS, L. LACKENBY (commenced 1.4.55).

*Matrons of Day Nurseries*—L. DONNELLY, I. JACKSON, E. DAVISON (resigned 8.8.55), E. SMITH.

*Supervisor of Domestic Helps*—MRS. S. MAITLAND.

*Assistant Supervisor*—MRS. J. McDONAGH.

*Authorised Officers (Mental Welfare)*—F. ASKEW (Senior), C. MITCHELL, MISS A. OGDEN.

*Occupation Centre—Supervisor*—MISS M. N. McDERMOTT.

*Assistant Supervisors*—MRS. M. E. D. MOORE, MISS M. BARTON (commenced 31.1.55).

*Clerical Staff*—N. CRAIG, R. A. SUTTON, L. M. GRAY, MISS P. NEILSON, MISS E. JONES, MISS M. ATKINSON, MRS. M. WATSON, MISS A. LORIMER, MRS. M. SURTEES (retired 7.8.55), MISS N. SCOTT, MRS. H. SCOTT, B. STAYERS (on National Service), R. W. F. BRATTON, MISS S. CORBITT, MISS M. H. JOBES, MISS S. ATKINSON, MISS J. E. COQUET (Temporary—Commenced 22.8.55).

*Ambulance Officer*—W. BARBER. *Deputy Ambulance Officer*—J. NESBIT.

*Caretaker Health Centre*—W. A. ROBB.

\*Continuing to serve part-time the Local Hospital Service.

## 2. STAFF OF SANITARY DEPARTMENT

*Chief Sanitary Inspector and Chief Inspector of Diseases of Animals*—W. A. MEARS\*†

*Deputy Chief Sanitary Inspector*—J. P. LAVENDER\*†

*Food and Drugs Inspector*—G. CHARLTON\*†

*Housing Inspector*—G. T. NEILSON\*†

*District Sanitary Inspectors*—J. HIGGINS (Food Premises)\*†, P. McKENNA\*†, O. BURNS\*†, T. J. WESTGARTH, R. W. THIRKELL\*†, C. E. DAVISON\*†, resigned 20.3.55, N. ROBINSON\*, E. B. MILLER\* commenced 31.1.—resigned 10.7.55.

\*Sanitary Inspectors Certificate, Royal Sanitary Institute.

†Meat and Food Inspectors Certificate, Royal Sanitary Institute.

*Public Analyst*—W. GORDON CAREY, F.I.C.

*Medical Staff*—M. GRAY, H. GIBSON, J. B. LAWS, MRS. E. SUTTON.

*Dent Operators*—H. FOSTER (Senior), I. RUTTER, J. BAINBRIDGE.

*Infestor*—J. FREEMAN.

### 3. STAFF SHARED BY THE LOCAL AUTHORITY AND THE REGIONAL HOSPITAL BOARD

*Medical Tuberculosis Officer (Chest Physician) and Medical Superintendent, Whinney House Hospital*—S. D. ROWLANDS, M.D., B.S., B.HY., D.P.H.

*St Physician*—E. L. FEINMANN, M.B., CH.B., M.R.C.P. (commenced 1.9.55).

*Assistant Chest Physician*—K. M. MARTISCHNIG, M.D., M.B., B.S.

### 4. HOSPITAL STAFF GIVING SERVICE AT LOCAL AUTHORITY CLINICS

*Ophthalmic Surgeons*—H. V. INGRAM, M.B., B.S., D.O.M.S., M.R.C.S., L.R.C.P., J. S. ARKLE, F.R.C.S.

*Otopaedic Surgeon*—A. E. BREMNER, M.B., CH.B., F.R.C.S.

*Medical Gymnast*—T. MIDGLEY, M.S.R.G.

*Chests (Chest Clinic)*—B. ARMATAGE, MRS. E. BOYLE (resigned 10.3.55), J. HESLOP (commenced 28.3.55).



TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE COUNTY BOROUGH OF GATESHEAD

I have the honour to present my twentieth annual report on the health of Gateshead and the work of the health department. These annual reports reflect a gradual and welcome change from the acute local distress arising from the economic depression of the "thirties", to the comparative prosperity of a fully functioning industrial town, which has been able to effect many progressive changes and developments in industry, striving to attain ideal conditions for its people.

Some measure of this progress is borne out by the statistics for 1955 which yielded an infantile mortality rate of 30.7 per 1000 live births, as compared with the 1936 figure of 91, and a death rate of 11.9 as compared with 13.2 in 1936. Deaths from tuberculosis numbered 25, a death rate of .22 per 1000 population against 134 deaths in 1936, which produced a death rate of 1.12 from this cause. In 1955 there were four maternal deaths as against 13 in 1936, and there were only 3 deaths from the common infectious diseases as against 92 in 1936. On the other hand deaths from cancer in 1955 numbered 255 as against 199 in 1936. The population in 1936 was estimated to be 119,000 whereas the population of 1955 was only 113,200. This last figure is difficult to understand because of the numbers of new houses that have been built since the end of the war. For a short time it looked as if the trend of the population to decline had been arrested, but recently as a result of housing policy there has been a decantation of people into the adjoining area of Felling Urban Council, which produced a further decline.

High-lights of achievement during the year, from the public health point of view, were the opening of the Carr Hill Health Centre to serve the large population in the south-eastern area of the Borough with clinical facilities, the holding of a Civic Exhibition in November, and the completion of the arrangements for the B.C.G. Vaccination of the first group of "leaver" school children.

In previous reports it has been customary to focus attention on certain aspects of social life within the field of public health. Thus, in 1951, the local financial expenditure on all the health services was reviewed with the emergence of the position that relatively small amounts were spent on the prevention of disease as compared with the high level of the costs of medical treatment and hospital care of illness. Even with the inclusion of the costs of municipal housing as a preventive health measure, the total outlay on prevention was less than half the cost of the general medical, dental and ophthalmic services, and approximately one-third of the hospitals. In 1952, attention was directed to the poor vital statistics in the towns of the North of England, including Gateshead and it was shown that Gateshead was probably worse off than any other town in England from the point of view of housing, that it contained the highest proportion of persons engaged in manual, clerical and unskilled vocations and was afflicted by a high tuberculosis incidence, and that finally it suffered from a relatively cold dry climate and a high degree of atmospheric pollution. In the report of 1953, the housing

situation was reviewed and it was shown that out of a total of 33,000 houses in the Borough some 4,000 were fit only for demolition and clearance, 11,431 houses were capable of being repaired so as to prolong their present habitability for some years and 4,673 houses merited more extensive alterations which would render them permanently habitable. In other words, roughly 61% of all the houses in Gateshead were below a reasonable standard. In 1954, attention was directed to the increasing number of admissions to hospital, whereby the gross number had doubled in twenty years, this increase being mainly in the number of admissions to the general and mental hospitals. In that year too, extensive consideration was given to the problem presented by the aged and infirm persons in the Borough who were so often without relatives or friends to take any interest in them in illness and other difficulties, and for whom sufficient suitable hospital or hostel accommodation was not available.

Action has been taken to improve the position in some of these adverse matters.

In 1955, the Corporation embarked on an active programme of post-war slum clearance and passed the necessary resolutions in respect of an area involving nearly 1,000 families. The planned clearance of this area, if confirmed by the Minister, will take some three or four years and will leave room for the progressive erection of blocks of multi-storeyed flats. The experimental 10 storey flats erected opposite Greenesfield Health Centre form a most pleasing landmark on the south bank of the Tyne, so that one can thus visualise a great change for the better in the appearance and amenities of the lower and old areas of the town as these blocks of flats appear in replacement of the unattractive terraces of decrepit and insanitary houses. With the adoption of this new policy, the emphasis will be on the production of new houses to replace the slums rather than to abate overcrowding, but there is little doubt that in this way most of the worst cases of overcrowding will also be relieved.

The execution of the sanitary inspections directed to the policy of slum clearance, emphasised the great problem presented by so many aged persons living alone or as aged couples, whom it will be necessary to remove from the clearance areas. Out of 922 separate households in the area, 178 consisted of individuals living alone. These persons living alone formed 6% of the population in the area. There were also 217 households of two persons only, which covers a number of aged couples. This position is typical of most of the Borough. Many of these aged people are quite active and able to look after themselves, but in time the inexorable process of ageing will mean that they have to be cared for either by their relatives, their neighbours or by the services of the local health and welfare authority. When they become ill hospital accommodation is not easily to be found for them if the illness should be of the chronic degenerative category rather than an acute emergency. Nor is self-care hostel accommodation freely available for these old people who are found to be in need of social care and attention. Even when admission to hostel has been secured for old people, the inter-current illnesses often take on a character that requires something more than the care given by lay attendants. Thus they have to be nursed and cared



for in the open dormitories of the welfare hostel so that as a result of shortage of hospital geriatric beds and overcrowding of welfare accommodation something resembling the old Poor Law Infirmary wards for chronic illnesses has begun to be manifested in the large welfare hostels. The Local Authority has taken up the matter of insufficient geriatric hospital provision with the Ministry of Health, for it appears that Gateshead is much less favourably situated than any of the surrounding towns. The problem was still under active consideration at the end of 1955, but in comment, it may be said that the present impasse carries the lesson that it would be much more satisfactory if Gateshead Council had the powers to solve all these difficulties itself, as it had to do in the days before the great National Health and Assistance Acts. The handling of the situation thus presented by the aged involves too many diverse agencies both local and remote to expect a prompt and satisfactory solution.

Meantime, the problem of caring for the elderly who need supervision, attention and social help is falling to a great extent to the Local Authority. In the Jewish and Christian conception of society, the command that children should honour their parents has always been interpreted in the past in a comprehensive sense and as a reinforcement of natural filial duties. In the modern materialistic world this natural and spiritual sense is in many cases being replaced by the alternative attitude of regarding the care of the elderly as a responsibility entirely for the State and not as a matter in which the community should only give help when this is required. The State itself tends to inflict hardship on persons willing to maintain their elderly relatives in their homes by the niggardly allowance of £60 in respect of the maintenance of a dependent relative, as compared with the allowance of £100 for each child. It would probably be a real economy to the State if the allowance for a taxpayer keeping an incapacitated dependent relative was increased to £200 per annum. To the taxpayer paying at the standard rate this would be a rebate of only £85 in his annual income. This might encourage families to fulfil their duties and relieve public authorities of a considerable burden. Institutional care in these days is never less costly than £5 per week and usually far in excess of this, so that this mean attitude of the State towards persons caring for dependent relatives leads directly to an increased financial burden to the State.

### **Acknowledgements**

Many persons have contributed to the report which follows and this is acknowledged in the text. The work of the department, however, requires the loyal and willing co-operation of a team, consisting of professional and clerical personnel. To all these individuals in the health department, I would like to express this appreciation of valuable services. In particular, I would mention the very active help of Dr. M. B. Herbst, my Deputy, Mr. W. Mears, the Chief Sanitary Inspector, and Mr. J. Whitehouse, the Chief Dental Officer. I must also express my thanks to my professional colleagues in the hospital service and in general practice for their collaboration in the solution of many problems. Finally, I must express my appreciation of the support of the local Health Committee under its Chairman, Alderman P. S. Hancock, O.B.E., and Vice-Chairman, Alderman J. T. Etherington, during a very busy year.

Your obedient Servant,

JAMES GRANT,  
*Medical Officer of Health*

## PART I

### NATURAL AND SOCIAL CONDITIONS OF THE BOROUGH

#### A. General Remarks

The congested industrial borough of Gateshead showed very little change from the conditions described more fully in recent annual reports. Materially, there is every evidence of prosperity among the citizens, but many of them would stress that their greatest worries are connected with the housing conditions in which they have perforce to maintain themselves and their families.

There is one feature that might be commented upon, which is the erection, during 1955, of the first multi-storey flats on a site in the old Barn Close Clearance Area. These blocks of flats have taken shape beside the health department, so that one was able to watch their foundation, erection and occupation very closely. Although the multi-storey flats produce houses which are more expensive to construct than the normal type of municipal dwelling house, one cannot withhold praise from this architectural solution to a paramount difficulty in Gateshead, the shortage of building land. Each block of flats in the Barn Close area will contain 49 houses, composed of four 2-bedroomed maisonettes, 20 3-bed-roomed maisonettes, 20 2-bedroomed and 4 single person's houses, consisting of a bed-sitting room. Each block of flats provides a maisonette for the caretaker. The maisonettes referred to have a two-storey construction, whereby the bedrooms are on an upper floor from the living rooms. By the end of January, 1956, two of the blocks of flats had been occupied by tenants from the list of housing applicants, and it must be stated that the immediate effect of the tenanted and furnished flats on the eye of the beholder is a pleasing contrast to the monotony of the terraced houses that surround them. There is no doubt that in the flats the Corporation has provided the essentials for a working class family to enjoy the privacy as well as the other amenities one would expect in a modern housing scheme.

In the lower parts of the town, the declared policy of the Council is to continue the building of flats on the sites of old and new clearance areas. The sole criticism that has been heard is the high rentals that are required in respect of the multi-storey flats, but a little consideration on the part of those complaining would lead surely to the conclusion that the rent is a worth-while expenditure directed towards the improvement of the housing conditions of the family.

The other process that must be the subject of comment is the decantation of Gateshead residents to the adjoining area of Felling, which, at the end of the year, had rehoused 322 Gateshead families in their new housing scheme at Wardley. 284 of these families moved during 1955, so that there will be, in future years, a tendency for the population of Gateshead to decline and the population of Felling to rise as the result of this internal migration of people.

The policy of full employment continues to affect the men and women of Gateshead, and it would appear that married women are affected



equally with the single women. Many of the married women perform remunerative work outside the home and in their homes attempt to fulfil the normal duties of a housewife. Where there are children this is not always easy or possible. It still remains a matter of guess work to arrive at the numbers of married women with families who are attempting this dual task.

Finally, the problems due to the survival of so many people to a ripe old age, coupled with the effects of the low birth rates of the last 30 years continue to press upon the public authorities which are concerned with the problems arising therefrom. This ageing of the population is the major social problem that concerns the nation at the present time.

### Accidents

Accidental death and injury is a commonplace event in these days of road traffic congestion and highly mechanised industry. As most accidents are in their nature preventable, the current campaigns for safety on the roads and for the prevention of accidents deserve every support. The following details are of interest :—

In 1955, the police report 311 road traffic accidents involving personal injury, with 3 resultant deaths, 69 persons seriously injured and 288 persons slightly injured, a total of 361 personal injuries which is a slight improvement on the comparable figures for 1954.

From the point of view of the ambulance service in 1955 emergency calls were received to remove 1,226 patients, 647 being accidentally injured or suddenly taken ill in the streets, 182 patients similarly affected in their homes and 397 accidentally injured or taken ill at their place of employment. This verifies the conclusion of previous reports that the burden of accidents falls outside the home.

Classifying these calls it appears that 27 persons were burned at home and 8 at work. 64 persons sustained cuts and wounds at home, 299 in the streets and 138 at work. Fractures were sustained by 21 persons at home, 78 in the street and 48 at work. The emergency illnesses at home accounted for 17 calls, in the streets for 123 calls and at work for 103 calls. Other emergencies occurring in the home, in the streets or at work numbered 300.

From the death returns accidental deaths in 1955 numbered 38 altogether. 4 of these were motor vehicle accidents involving 3 males aged 2, 17 and 34 years and one female aged 74 years. 31 other accidental deaths were recorded and 20 of these occurred at home, 9 at work, one in the street and one was a person found drowned. The home accidents when analysed, show that there were 13 deaths due to accidental falls, 8 being of males and 10 of females. With 2 exceptions, all these deaths related to persons aged from 75 to 92. The exceptional deaths were of women aged 43 and 56, both of whom developed pneumonia as a result of confinement to bed following falls. At home there were 3 cases of fatal burning in women aged 30, 82 and 86, and there was one scald of a child aged a year and four months, who also suffered from whooping cough. Two women died of poisoning at home, one from the consumption of



aspirin and the other from the consumption of barbiturate. In these cases the fatal issue might have been accidental. One male, aged 43, died of asphyxia due to inhalation of vomitus. The fatal accidents at work all concerned males and were classified as follows :—

Struck by railway vehicles	.....	3
Crushed by falls of stone underground	.....	2
Gas main explosion	.....	1
Fall at work	.....	1
Embolism following on injuries complicated by phlebo-thrombosis	.....	2

The street accident concerned a child of 10, who suffered a fractured skull when a block of wood fell on her head while at play. The fatal case of drowning concerned a boy of 15 years drowned in the River Wear. The accidental deaths involved two pre-school children and two children of school years.

## B. Climatic Conditions

A summary is attached of the weather observations in 1955 taken at the Borough Meteorological station, which is situated at Sheriff Hill Hospital. The readings are taken daily at 9 a.m. by the Hospital Engineer who acts as observer.

In complete contrast to 1954, 1955 may be said to have been one of the most enjoyable years experienced from the point of view of weather conditions. Altogether, 1,703 hours of sunshine were recorded, the maximum hours being attained in July, followed by May, June, August, April and September in that order. Rainfall amounted to 20 inches, as compared with 31 inches in the previous year, and there were 223 dry days. The wettest month was June with 3.85 inches of rain, followed by December with 2.875 inches. Snowfall was restricted mainly to January and February, but there were a few snowfalls in March and December.

A sunshine recorder is situated at Sheriff Hill, over 500 feet above sea level. It will be appreciated that all the sunshine recorded there does not necessarily reach the people in the lower parts of the town, due to the atmospheric pollution. On comparison with conditions in Newcastle, where the sunshine is recorded at King's College, it would appear that something like 500 of the 1,700 hours of sunshine were lost as a result of the smoke pall which hangs over industrial Tyneside. This reference to smoke pollution is further amplified in our observations of smoke pollution by means of recording apparatus placed at three levels in the Borough. The relevant findings are recorded in the report of the Chief Sanitary Inspector.

## C. Social Conditions

### *Unemployment*

Through the kindness of Mr. J. O'Dair, the Manager of the Windmill Hills Employment Exchange, I am able to give the figures of unemployed at the end of the year 1955, as follows :—515 men, 302 women, 13 boys and 9 girls, a total of 839, as compared with 1,221 in 1954, and 1,409 in 1953.

METEOROLOGICAL REPORT FOR THE YEAR 1955

Month.	Temperature (Deg. Fahr.) in Shade					Rainfall		Sunshine hours		Mean relative humidity %	Ground frosts	Days of snow
	Highest Max. °F.	Mean Max. °F.	Lowest Min, °F.	Mean Min. °F.	Mean °F	Total in inches	Dry days	Total hours	Max. hours			
January	50	39.2	17	31.5	35.3	1.278	21	48.3	6.8	87.5	15	15
February	47	37.0	16	29.0	33.	2.011	8	66.2	8.	87.7	21	19
March	52	42.1	24	31.7	36.9	1.746	17	136.4	10.8	79.3	20	4
April	59	53.7	33	40.7	47.2	.608	21	178.7	12.5	71.7	4	—
May	66	53.1	34	40.5	46.8	1.871	16	217.0	15.2	66.5	2	—
June	65	58.8	37	46.9	52.8	3.850	17	190.7	15.7	72.5	—	—
July	77.5	68.4	47	53.6	61.0	.838	28	273.8	15.6	74.5	—	—
August	75	68.0	47	54.9	61.5	.966	24	184.6	13.4	77.0	—	—
September	69	62.7	41	49.8	56.3	1.120	19	171.5	11.8	75.6	—	—
October	65	52.9	30	42.1	47.5	1.345	18	133.3	9.2	75.7	7	—
November	58	48.1	32	40.8	44.5	1.568	18	46.8	6.3	83.8	3	—
December	55	45.4	25	34.9	40.2	2.875	16	55.8	5.7	81.3	11	4
Year	77.5 on 22nd July	52.4	16 on 20th Feb.	41.4	47.	20.076	223	1703.1	15.7 on June 18th	77.8	83	42

Wind directions : N 30, NE 28, E 31, SE 26, S 45, SW 50, W 73, NW 68.



Registered disabled persons numbered 2,265, 1938 men and 327 women. 148 men and 20 women, a total of 168, were unemployed. Out of this number 29 men and 3 women were suitable only for employment under sheltered conditions.

### *National Assistance*

A short account of the work of the National Assistance Board has been supplied for this report by courtesy of Mr. T. P. L. Bruce, the Area Officer of the Board. 6,171 persons were in receipt of National Assistance at the end of 1955. These were made up of 369 persons who were unemployed, 1,011 persons suffering from physical or mental illness, 3,311 retired contributory pensioners and 537 non-contributory pensioners, and 943 others. In regard to the last group, this includes widows under 60 years old, women who are separated from their husbands, or who have not earned a pension, together with a number of persons of both sexes over the pensionable age who have to wait until they reach the age for entitlement to the old age pension.

### *National Insurance Sick Benefit*

A weekly return of the number of fresh sickness claims is circulated from the local offices of the Ministry of National Insurance. The object is to highlight any undue prevalence of epidemic illness. Although the area of the local offices includes Dunston in the adjoining Whickham Urban District Council area, this information is valuable. The normal level of these claims, in the absence of epidemic diseases, ranges between 300 and 450, which was the level between the end of May and the middle of September. The year, however, began with some 750 weekly claims in the first three weeks, a number which gradually fell to about 500 in March. In the autumn, there was the expected increase of claims, which, however, did not exceed 550. The high number of claims at the beginning of the year appeared to be principally due to acute catarrhal respiratory infections.

### *Welfare Services*

Mr. R. A. Haysom, Director of Welfare Services, has supplied me with the information that at the end of 1955 there were 269 certified blind persons and 53 others under observation for serious deficiency of vision. There were also 106 persons who were deaf and dumb and 125 were registered as hard of hearing.

In the Fountain View Welfare Hostel there were 327 residents as compared with 355 in the previous year. There were also 15 tenants in the Beacon Lough Hostel under the supervision of a warden, and 6 families totalling 27 persons were housed in Holly House, of whom 4 families had been evicted. 145 physically handicapped persons were registered, of whom 11 were epileptic and one was a spastic.

### *Deprived Children*

Miss D. Duffey, Children's Officer, has supplied information that there were 240 children under the care of the Children's Committee at the end of 1955, and an additional 34 children from the Borough were in attendance at approved schools. 60 children are maintained in residential nurseries

and homes within the Borough and 17 at the Medomsley and Lanchester Cottage Homes. 91 children are boarded out, 14 are accommodated in the working boys' hostel and 13 in the working girls' hostel in Gateshead. 32 children are in voluntary homes and 3 are in attendance at special schools. 10 children are under supervision at home.

### *Institutional Facilities for the Aged and Infirm*

Last year a fairly full survey was given of the problems which result from the so-called "ageing of the population" i.e. the position that has resulted from modern medical progress whereby many more individuals survive to be aged than was the case 50 years ago. Over the same period there has also been a progressive fall in the birth rate so that the age distribution of the population in Gateshead at the census revealed 11 per cent. of the citizens of Gateshead to be over pensionable age and 2.48 per cent. to be actually over 75 years of age.

It was shown that the accumulation of so many elderly persons in the community entailed a greater need to provide for prolonged hospital treatment because of the chronicity of their illnesses. It was also pointed out that many of the aged are infirm to the extent that they cannot satisfactorily maintain themselves in their homes without assistance from the younger members of the community. For a variety of reasons, these aged and infirm persons fall in many instances to the care of the Local Authority, which may provide nursing care and domestic help for them in their homes or accept them into the local welfare hostels. In Gateshead, it has long been evident that there is an absolute inadequacy of beds for the aged sick (geriatric accommodation). The welfare accommodation belonging to the Local Authority is also inadequate to meet the demands. As a result, many aged persons who should properly be accommodated in hospital beds are either being cared for in their homes or in the welfare hostels, and other aged persons who should be in the welfare hostels cannot gain admission. These conditions together produce great problems in the care and supervision of the elderly in their homes.

The whole question has been receiving the full attention of the Hospital Management Committee on the one hand and the Local Authority on the other. Reports presented to the Hospital Committee show that within the local hospital group there are only some 70 geriatric beds to meet the needs of a population of 200,000 in the Hospital Management area. This local provision works out at something like 3.3 beds per 10,000 of population, while in an industrial area such as Sunderland, the provision works out at something like 15.3 beds per 10,000 of population, and in the adjoining area of Newcastle the provision approximates to 9.2 beds per 10,000 of population. It was stated in the hospital survey of the north-east region carried out by the Ministry of Health in 1946 that there was roughly a provision of 7 geriatric beds per 10,000 of population, and the modern view is that there should be a provision of some 15 geriatric beds per 10,000 of population.

Turning to the Welfare Hostel at Fountain View, there is gross overcrowding, whereby some 350 aged residents are accommodated in the dormitories and dayrooms of five ward blocks, together with certain



accommodation in the Bensham Hospital portion of the former High Teams Public Assistance Institution. Included among these residents in the welfare accommodation, a survey showed that there are at least 80 aged persons who should properly have been cared for in hospital. These included some 25 persons suffering from senile dementia, and indeed 11 of the residents were virtually bedfast. To meet this situation the welfare authority has only one trained nurse, the matron, who has to supervise the social and nursing care of these ailing and aged persons, which is entirely performed by male and female attendants. Medical advice on the care of these aged residents is by way of the local general practitioners who maintain a liaison with the matron of the hostel in the nursing treatment of these patients.

On the district, it was estimated in 1955 that there were some 50 chronic sick elderly persons who should properly be having hospital care but who were being nursed in their homes by the district nurses. The home help service, too, was giving help in 331 households occupied by chronic infirm persons, of whom 48 were aged men living alone, 138 aged women living alone and 145 aged couples living alone.

The general practitioners of the area are well aware of the great difficulty in securing admission of their patients to hospital or to a welfare hostel, and it is quite common to have appeals made to the health department by practitioners to assist in getting their elderly patients admitted to either a hospital or a hostel.

The difficulties with aged persons who suffer from senile dementia are reflected in the frequency with which persons over 70 years of age with mental anomalies have to be removed to St. Mary's Hospital, Stannington, because of the difficulty in accommodating them elsewhere.

The whole position in respect of local hospital accommodation is complicated by the fact that it also serves the adjoining area of County Durham. After hospital treatment it is very difficult to get aged patients discharged to the Durham County Welfare hostels, because of a similar shortage of welfare accommodation in that area.

In June, 1955, a questionnaire survey was made with the help of the local general practitioners who were asked to give the number of their patients whom they considered to be requiring hospital treatment at that time, and the number that they considered should be looked after in a welfare hostel. The replies received bore out the facts that 105 aged patients requiring geriatric accommodation in hospital were under their care at home and that 121 aged persons more suitable for welfare accommodation were similarly placed.

The Borough Council decided to send a deputation representative of the Health and Welfare Committees to interview the Minister of Health regarding this serious position in Gateshead. The Minister, the Right Hon. Iain McLeod, personally received the deputation on the 22nd June, 1955, and showed that he was fully aware of the great difficulties in Gateshead in respect of the institutional care of the aged. He



stated that he was proposing to bring the former Ministry of Pensions Hospital at Dunston Hill into general use to try and help the needs of the area. The actual details of the planning of the hospital service in the area were, of course, a function of the Regional Hospital Board, and he would ask the Board to review the geriatric provision in Gateshead in relation to the position in other parts of the region.

Meantime, in September, 1955, the matter of the care of the elderly was also discussed at the Liaison Committee attended by officers of the Ministry of Health and the Regional Hospital Board, together with the medical officers of health of the local health authorities in the region. This committee passed a resolution asking the Regional Hospital Board to review geriatric facilities in the region with a view to increasing the facilities in some areas so as to bring them into line with the districts in the region where an adequate service was available. A similar resolution was agreed that the major local authorities should be asked to review the accommodation provided by them under Part III of the National Assistance Act, 1948, and give special consideration to the provision of accommodation for patients, who, though not in need of hospital treatment, are not always readily acceptable in existing Homes.

At the end of the year, the whole position was still receiving the urgent attention of the Regional Board and Hospital Management Committee on the one hand and of the Council's Health and Welfare committees on the other. It seems to be emerging that the problem will only be ameliorated by the building of new hospital accommodation within the area. Re-organisation of the existing accommodation may temporarily alleviate the position, but substantially the need for both additional hospital beds and welfare accommodation for the aged will remain.

### *General Nutrition*

As assessed by the appearance of nursing mothers attending the ante-natal clinics, and of babies and children inspected by the staff of the department, the nutrition of the people continued to be satisfactory in 1955.

## **D. General Statistics of the Area**

Population (estimated by Registrar General 1955) (includes added area)	113,200
Population (estimated by Registrar General 1939)	116,600
Population of present Borough (Census 1931) (includes added area)	124,545
Population of present Borough (Census 1951)	115,039
Area of Borough (in acres)	4,559
Number of Inhabited Houses (Valuation Lists)	34,014
Density of Population per acre	24.8
Number of persons per Inhabited House	3.30
Rateable value at 1st April, 1955	£655,833
Sum represented by penny rate	£2,600
Rate in the £ levied 1955—1956	25/-

## **E. Vital Statistics for 1955**

Live Births		<i>Males Females Total</i>			<i>Rate</i>
Legitimate	.....	931	918	1849	
Illegitimate	.....	38	29	67	
		969	947	1916	16.9 per 1,000 of population (area comparability factor 0.95)

**Still Births**

Legitimate	.....	.....	29	36	65
Illegitimate	.....	.....	2	—	2

---

31      36      67 0.59 per 1,000 of population.

**Deaths** ..... 741      607      1348 11.9 per 1,000 of population  
(area comparability factor 1.15)

Excess of births over deaths      228      340      568

**Infantile Mortality**

Legitimate	.....	.....	31	25	56	30.2 per 1,000 live legitimate births
Illegitimate	.....	.....	3	—	3	44.7 per 1,000 live illegitimate births

---

34      25      59 30.7 per 1,000 live births

---

**Maternal Mortality**

a. Haem. Anaemia		1	}	4	2.01 per 1,000 total births.
b. Puerperal Pelvic Vein thrombosis		1			
c. Rupture of Uterus	.....	1			
d. Air embolism	.....	1			

**Deaths from Tuberculosis**

a. Pulmonary	.....	16	7	23	0.203 per 1,000 of population
b. Non-pulmonary	.....	1	1	2	0.017 per 1,000 of population

---

17      8      25 0.220 per 1,000 of population

---

**Deaths from Epidemic Diseases**

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Scarlet fever	.....	—	—	—
Diphtheria	.....	—	—	—
Measles	.....	—	1	1
Poliomyelitis	.....	1	—	1
Diarrhoea infantile	.....	1	—	1

---

Total Zymotic Deaths      2      1      3 0.026 per 1,000 of population

---

**Deaths from Cancer** ..... 145      110      255 2.25 per 1,000 of population

**Population**

Once again the population of Gateshead continues its decline after the temporary increase of 1954, which was consequent on a small extension of the Borough. The decline manifest in 1955 is the result of the outward transfer of Borough citizens to the new houses provided by the Gelling Urban Council. As a consequence of this change, the density of the population within the Borough is tending to fall, as is the number of persons per inhabited house.

**Births**

The birth rate of 16.9 per thousand of population is less than in 1954, when the rate was 17.1. It is to be compared with a national rate of 15.0 in 1955.



The stillbirth rate of .59 per thousand is slightly worse than the figure for 1954.

The illegitimate births formed 3.5 per cent. of the total births in 1955.

### Deaths

The death rate of 11.9 is to be compared with 11.8 in 1954, and the national rate for 1955, which was 11.7.

In 1955, the infantile mortality rate was 30.7 per thousand live births, as compared with 28.7, the rate for the previous year, and 24.9 the national rate in 1955.

The principal causes of infantile mortality were as follows :—

pneumonia	.....	14
bronchitis	.....	1
influenza	.....	1
enteritis and other digestive disorders	.....	1
prematurity	.....	20
congenital malformations	.....	8
asphyxia and atelectasis	.....	5
other causes	.....	9

Lung infections are continually causing infantile mortality, although the number of deaths from this group of causes has been much reduced in the last few years. Prematurity in the infant, the result of ill-understood factors in the mother, remains the most important single cause of infantile mortality.

Maternal mortality was high, as in the previous year, due to various causes.

So far, as the general population is concerned, the killing diseases were :—

Diseases of the heart and circulation (heart disease 379, vascular lesions of nervous system 191, other circulatory disease 58)	.....	628	(46.5%)
Cancer	.....	255	(18.9%)
Pneumonia—other respiratory diseases	.....	180	(13.3%)
Tuberculosis—all forms	.....	25	
Influenza	.....	9	
Ulcer of Stomach & Duodenum	.....	16	
Nephritis	.....	8	
Diabetes	.....	3	
Notifiable Infectious Diseases			
meningococcal infections	2	}	4
acute poliomyelitis	1		
measles	1		
Suicide	.....	5	
Motor accidents	.....	4	
All other accidents	.....	31	

878 of the deaths occurred in persons over the age of 65 years, i.e. 65.1 per cent. The average age at death was 65.25 years, as compared with 64.5 in 1954.

Deaths from tuberculosis numbered 25, giving a death rate from this cause of .22 per thousand of population, which is the lowest ever recorded within the Borough.

Deaths from epidemic disease numbered only 3, giving a zymotic death rate of 0.26 per thousand of population, again a very low figure.

By contrast, deaths from cancer, totalling 255, represented an increase on 231, the figure for 1954, which was the highest previously recorded. The deaths from cancer are analysed below, with the sites of the disease, and for contrast there has been included the comparable figures for 1936.

Age Distribution	Males	Females	Total
0-15 yrs	—	1	1
15-25 yrs	—	1	1
25-45 yrs	7	8	15
45-65 yrs	65	41	106
65-75 yrs	40	33	73
75 yrs and over	33	26	59
	<u>145</u>	<u>110</u>	<u>255</u>

#### Site of the Disease

				(1936)
Larynx	1	—	1	
Maxilla	—	—	—	
Lip	—	—	—	
Tongue	2	—	2	( 3)
Mouth	1	—	1	
Throat	—	—	—	
Oesophagus	3	5	8	( 5)
Stomach	23	19	42	(41)
Intestine (small)	—	2	2	( 5)
Caecum, colon	15	15	30	(22)
Rectum	12	4	16	(10)
Gall Bladder	4	4	8	( 2)
Liver	1	1	2	(20)
Pancreas	2	2	4	( 7)
Peritoneum	—	—	—	( 1)
Lung, bronchus	46	7	53	(10)
Mediastinum	—	—	—	( 1)
Breast	—	11	11	( 9)
Cervix uteri	—	14	14	( 9)
Ovary	—	4	4	( 2)
Vulva	—	2	2	(—)
Prostate	10	—	10	( 6)
Testes	—	—	—	
Kidney	5	—	5	(—)
Bladder	8	2	10	( 4)
Brain	3	3	6	
Other and unspecified sites	9	15	24	(42)
	<u>145</u>	<u>110</u>	<u>255</u>	<u>(199)</u>

It will be apparent that lung cancer is an increasingly frequent cause of death affecting mainly the males.

A recent analysis has been undertaken at the Social Medicine Unit of the Central Middlesex Hospital, London, of bronchitis mortality in 1950-1953 in the 83 County Boroughs of England and Wales. Expressed as death rates per 100,000 males the Gateshead figures are 240 for men aged 45-64 years and 619 for men aged 65-74. Compared with the other Boroughs, Gateshead emerges as the sixth worst town for mortality from bronchitis in men aged 45-64 years, the towns which were worst being Salford, Oldham, Dudley, Manchester and Wigan. The relevant figure for men aged 65-74 years in the case of Gateshead is not outstanding against the average of the industrial towns, but is somewhat worse than Newcastle, Middlesbrough and Sunderland.

### Comparable Statistics for Gateshead and Neighbouring Authorities, 1955

	Newcastle	Gateshead	South Shields	Sunderland	Tyne-mouth	North-umberland	Durham
Population .....	281,000	113,200	107,800	182,000	67,100	453,000	914,600
Birth rate (adjusted) .....	15.9	16.0	16.8	18.17	16.26	16.3	16.7
Death rate (adjusted) .....	13.6	13.6	12.6	12.32	13.92	12.4	12.9
Infantile mortality rate	33.6	30.7	33.8	38.08	40.9	26.75	31.5
Neonatal mortality rate	23.2	21.9	24.1	24.4	30.4	19.05	21.4
Maternal mortality rate	1.45	2.01	0.5	.83	.85	.66	.5
Tuberculosis death rate .....	.18	.20	.22	.18	.15	.17	.20
Cancer death rate .....	2.27	2.3	2.27	1.92	2.16	1.97	1.98

### F. Ward Statistics (Based on Estimated Ward Population)

Wards	Estimated population	Birth rate	Death rate	Infantile mortality rate	Tuberculosis death rate	Cancer death rate	Respiratory death rate
North .....	7,113	25.1	11.1	72.6	.28	2.67	1.68
North East .....	5,199	23.8	9.2	8.0	.38	2.11	1.34
North West .....	12,398	19.9	10.7	24.2	.16	2.33	1.61
Central .....	9,898	15.5	11.6	25.9	.40	2.02	1.81
East Central .....	8,146	28.1	9.3	8.7	—	2.08	1.47
South Central .....	10,958	8.3	13.7	65.9	.09	2.00	1.55
West Central .....	9,675	15.4	13.8	40.2	.31	3.10	2.48
East .....	15,727	14.8	10.3	21.4	.37	1.71	1.20
South .....	18,230	16.0	10.3	34.1	.10	1.91	1.26
West .....	15,856	13.6	16.4	27.6	.18	2.83	1.76
Total .....	113,200	16.9	11.9	30.7	.22	2.25	1.59



# County Borough of Gateshead

## BIRTH RATES per 1,000 population

### 1871 - 1955

#### AVERAGE BIRTH RATES

Period	Period	Period	Period	Period	Period	Period
1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940
45.3	38.6	36.0	34.8	28.7	24.0	18.1
						1941-1950
						20.1

Rate per  
1,000





# County Borough of Gateshead

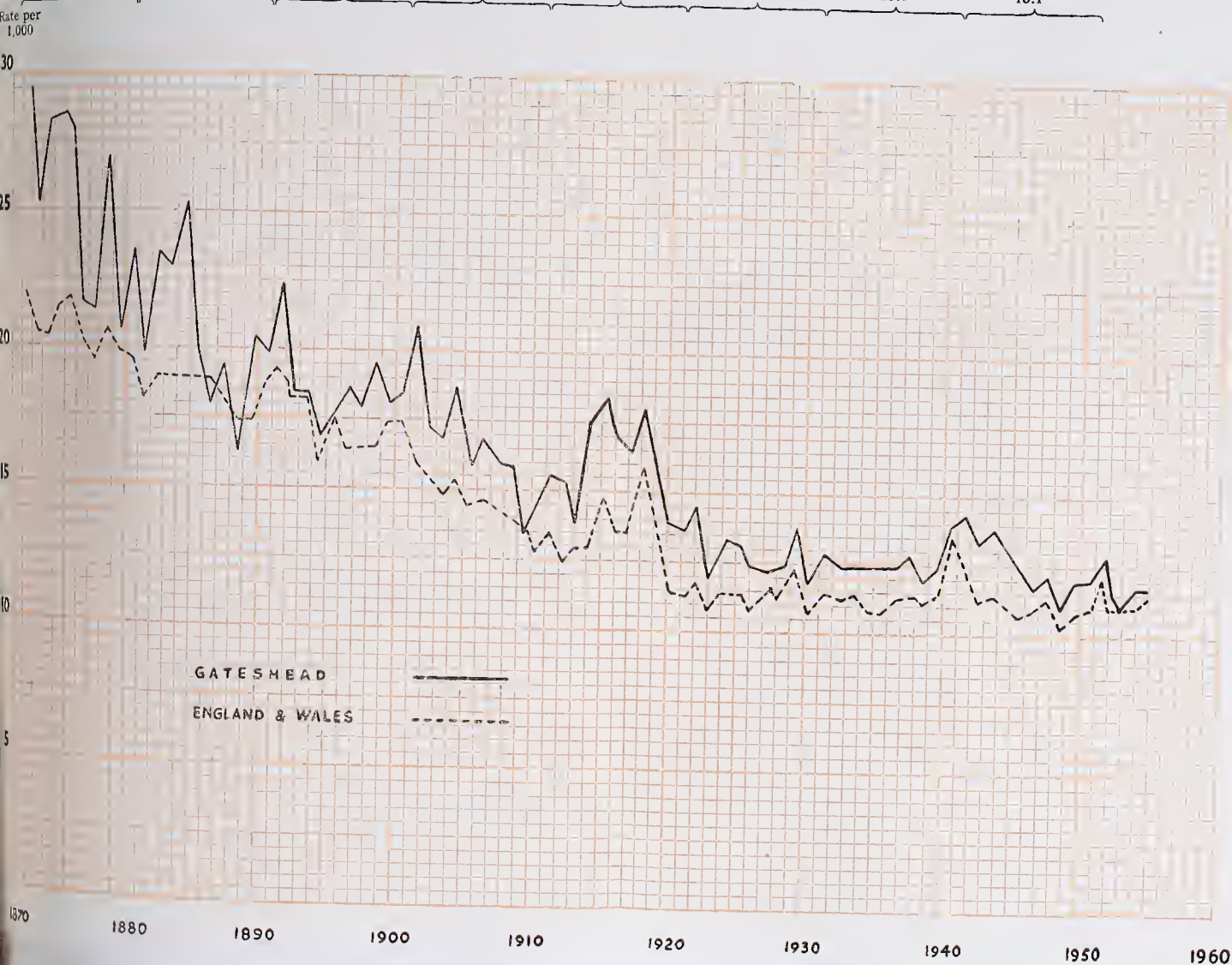
## DEATH RATES per 1,000 population

(at all ages and from all causes)

1871 - 1955

### AVERAGE DEATH RATES

1871-1880 26.1	1881-1890 21.3	1891-1900 19.4	1901-1910 17.4	1911-1920 16.9	1921-1930 13.7	1931-1940 13.1	1941-1950 13.1
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## Statistical Rates for the last Ten Years.

	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946
Population .....	113200	113610	113500	114600	114700	115500	114910	115100	113580	112210
Deaths—										
Uncorrected number .....	2244	2291	2353	2224	2392	2338	2330	2514	2744	2533
Net number .....	1916	1951	2033	1993	2185	2117	2265	2439	2756	2614
Death rate per 1,000 population .....	16.9	17.1	17.9	17.3	19.0	18.3	19.7	21.1	24.2	23.3
Deaths—										
Registered .....	1497	1449	1372	1402	1554	1502	1497	1270	1398	1308
Crude rate .....	13.2	12.7	12.0	12.2	13.5	13.0	13.0	11.0	12.3	11.6
Transfer, out .....	254	230	181	195	182	188	159	66	48	55
Transfer, in .....	105	129	109	143	148	144	106	112	123	133
Net number .....	1348	1348	1300	1350	1520	1458	1444	1316	1473	1386
Death rate per 1,000 .....	11.9	11.8	11.4	11.7	13.2	12.6	12.5	11.4	12.9	12.3
Infantile mortality—										
Deaths .....	59	56	67	82	96	101	110	96	152	147
Rate per 1,000 live births .....	30.7	28.7	32.9	41.1	43.9	47.7	48.0	39.0	55.0	56.0
Infantile Death Rate per 1,000 total births .....	2.01	2.49	0.47	Nil	1.34	0.46	Nil	0.08	0.35	1.48
Tuberculosis death rate .....	0.22	0.36	0.27	0.42	0.5	0.64	0.87	1.01	0.96	0.85
Infantile Death Rate .....	0.026	0.017	0.02	0.02	0.06	0.17	0.17	0.14	0.33	0.22
Infantile Death Rate .....	2.25	2.0	2.0	2.0	1.79	1.93	1.89	1.7	1.78	1.6

## PART II

### HEALTH SERVICES OF THE AREA

Five of the seven hospitals managed by the Gateshead and District Hospital Management Committee are situated within the Borough. The hospital group covers an area in which there is an estimated population of 208,000. As in most hospital areas, there is a shortage of accommodation for certain types of patients. So far as acute conditions are concerned, this shortage is mainly seen in the beds for acute surgical conditions and for orthopaedic surgery.

The local hospitals provide facilities for treatment of the diseases of the ear, throat and nose, but the area is still dependent on the Eye Department of the teaching hospital and on the Eye Hospital, at Newcastle, for specialist care of eye diseases.

With the improvement in the treatment of tuberculosis, the waiting list for the sanatorium beds available to the area has been abolished, and at the end of the year there was practically no waiting list for any of the regional hospitals. The main outstanding problems are accommodation for mentally defective persons and for geriatric conditions.

In spite of the distinct administration of the local hospital and local health services, it must be recorded that these have worked well together in carrying out the major policy laid down by the National Health Service Act. At the officer level there are very good relationships between the Board, the Management Committee and the Local Health Authority staffs, while the three local authorities concerned with administration, namely the hospital committee, the health committee and the executive council, are closely linked through the common membership of each of these bodies by representatives of the Gateshead Health Committee.

Attention has also to be directed to the lack of child guidance facilities in the Gateshead area. These arrangements will require very close co-operation between the Education Authority and the Regional Board, as the work has as much reference to specialist treatment, which is the province of the Regional Hospital Board, as it has to educational administration, which is the responsibility of the Local Education Authority. The matter has been dealt with by a special committee, whose findings and recommendations have recently been published by the Stationery Office on behalf of the Ministry of Education.

#### A. Hospital and Specialist Services

(Part II of the National Health Service Act, 1946)

##### 1. Hospital Services

The following lists the hospitals used for Gateshead residents, together with the number of admissions in 1955, where this is known :—



Hospital	Gateshead admissions during 1955	Hospital Management Committee.
Bensham General Hospital .....	2,726	Gateshead and District
Queen Elizabeth Hospital .....	2,805	do.
Sheriff Hill I.D. Hospital .....	738	do.
Whickham and District		
War Memorial Hospital .....	334	do.
Gateshead Children's Hospital .....	769	do.
Whinney House Hospital .....	127	do.
Norman's Riding Hospital .....	121	do.
Clinics : Chest, Gateshead.....		
Chest, Whickham .....		
Newcastle General Hospital .....	393	Newcastle upon Tyne
Hospital for Sick Children		
(Fleming Memorial) .....	212	do.
Eye Hospital .....	66	do.
Ear, Nose and Throat Hospital .....	125	do.
W. J. Sanderson Orthopaedic		
Hospital .....	—	do.
Walker Gate Hospital .....	128	do.
Town Moor I.D. Hospital .....	—	
Royal Victoria Infirmary .....	849	Newcastle upon Tyne United Hospitals Board of Governors.
Princess Mary Maternity Hospital	47	do.
<i>Mental Hospitals and Institutions</i>		
St. Mary's Hospital, Stannington	287	St. Mary's
Prudhoe and Monkton Hospital	5	Prudhoe and Monkton
<i>Other Hospitals—</i>		
Hexham General Hospital .....	34	Hexham and District
Shotley Bridge .....	119	North West Durham
Poole Sanatorium .....	3	Cleveland
Stannington Children's Sanatorium	23	Wansbeck
Wooley Sanatorium .....	96	Hexham and District
Hollywood Hall Sanatorium .....	17	South West Durham
Seaham Hall Sanatorium .....	22	Sunderland Area

## 2. Bacteriology

Public Health Laboratory Service of the Medical Research Council)

The Medical Research Council maintains two laboratories to serve the Tyneside area, one at Newcastle General Hospital and one at the Blakelaw Laboratory, Ponteland Road. It is understood that when the necessary buildings have been completed at the Newcastle General Hospital the personnel of the two laboratories will be united. Meantime, Gateshead is indebted to Dr. Norton and his staff at the Blakelaw Laboratory for the performance of the bulk of the public health bacteriological work, while exceptional work connected with the control of venereal diseases and certain aspects of virus investigation are carried out by Dr. Messer and his colleagues at the Newcastle Laboratory. It is hoped that ultimately a local centre will be provided for the investigation of the virus infections which are so common today. The following list covers the bacteriological work carried out in 1955 on specimens originating in Gateshead :—

<b>(a) Prevention and Treatment of Disease</b>				
Throat swabs for organisms	.....	.....	345	
Nasal swabs for organisms	.....	.....	8	
Sputa	.....	.....	3,337	
Other specimens for tubercle bacilli	.....	.....	115	
Blood specimens for Widal reactions	.....	.....	27	
Faeces for organisms	.....	.....	2,962	
Urine for organisms	.....	.....	227	
Eye smears for gonococci	.....	.....	17	
Cerebro-spinal fluid for organisms	.....	.....	13	
Miscellaneous	.....	.....	177	7,228
<b>(b) Milk</b>				
T.T. Milk	.....	.....	4	
Pasteurised Milk	.....	.....	96	
T.T. Pasteurised Milk	.....	.....	27	
Milk for tubercle bacilli for inoculation	.....	.....	6	
School Milk Supply	.....	.....	82	215
<b>(c) Water Supply</b>			12	12
<b>(d) Food</b>				
Spam	.....	.....	1	
Cheese	.....	.....	1	
Butter	.....	.....	1	
Bacon	.....	.....	1	
Tinned meat	.....	.....	1	
Cooked meat	.....	.....	1	
Lemonade powder	.....	.....	1	
Corned Beef	.....	.....	1	
Honey	.....	.....	1	9
<b>(e) Control of Venereal Disease</b>				
(1) Blood Wassermann Tests :—				
(i) Practitioners	.....	.....	5	
(ii) Ante-natal clinics	.....	.....	1,524	
(iii) V.D. Clinics	.....	.....	909	
(2) Cerebro-spinal fluid :—				
V.D. Clinics	.....	.....	9	2,447
Grand Total			.....	<u>9,911</u>

### 3. Blood Transfusion Service.

This work is organised through a regional headquarters at a centre in Jesmond Road, Newcastle upon Tyne. Arrangements are in being for the collection of blood from local volunteers, and blood banks are maintained at the Queen Elizabeth Hospital and at Bensham Hospital, along with supplies of plasma for transfusion purposes. Routine blood samples are taken at the local authority and hospital ante-natal clinics and sent to the Blood Transfusion Centre for blood grouping and rhesus testing. The results are notified to the patient through a system of coloured cards and women who have been found to be Rh. negative are re-examined in accordance with the recommendations made, while a sample of the husband's blood may also be required. Where there is evidence of anti-body formation, Rh. negative expectant mothers are admitted to hospital for their confinement, and it is gratifying to note that a number of lives of these babies have been saved as the result of early transfusion.



## B. Local Authority Health Services

(Part III of the National Health Service Act, 1946)

### 1. General Remarks

The services of which the following account is given are an integral part of the National Health Service. Although they are administered by a representative elected body unlike the hospital or the family practitioner service, every effort is made to see that the local authority health services work in collaboration with the hospitals and the general practitioners.

It is notable that during the year the British Medical Association sponsored a new approach to the question of the relationship between general practitioner and health visitor. Ideally, perhaps, it would be a great advantage to second the health visitors to assist the doctors in their work in the families of the town, but as each health visitor has a responsibility for a geographical district of the town she must come into relationship with many practitioners. A conference with representatives of the practitioners during the year agreed on a *modus operandi* whereby the health visitors would be welcomed in their approach to individual doctors and vice-versa. It is too early yet to state whether this has been satisfactory, but no doubt in time practitioners will welcome the offers of the health visitors to collaborate in every possible way with them in the care of the families of the town.

### 2. Clinics and Welfare Facilities (as at 31st December, 1955)

#### (1) *Greenesfield Health Centre* :—

School Clinic	.....	9 a.m.—9.30 a.m. daily 4 p.m. daily—except Saturday.
Child Welfare Centre	.....	2 p.m.—4.30 p.m. Tuesday and Thursday
Ante and Post-Natal Clinic	.....	2 p.m.—4.30 p.m. Wednesday.
Chest Clinic	.....	9 a.m.—5 p.m. daily (Saturday open until 12 noon only).
Dental Clinic	.....	9 a.m.—5 p.m. daily (by appointment) Saturday 9 a.m.—12 noon.
Orthopaedic Clinic	.....	Fortnightly by appointment (orthopaedic treatment daily by appointment).
Ophthalmic Clinic	.....	Tuesday and Saturday mornings by appointment (Orthoptic treatment daily by appointment).
Artificial Sunlight Treatment		Mondays and Thursdays for pre-school children. Tuesdays and Fridays for school children, 2 p.m.—4 p.m.
Immunisation Clinic	.....	Tuesday fortnightly, 2 p.m.—4 p.m. (pre-school children). Saturday, 10 a.m.—12 noon (school children) weekly.

#### (2) *Gateshead District Nurses' Home* :—

Ante and Post Natal Clinic	.....	Tuesday, 2 p.m.—4.30 p.m. (District Nursing Association cases only).
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#### (3) *Bensham Methodist Church Hall* :—

Child Welfare Centre	.....	2 p.m.—4.30 p.m. Tuesday and Thursday (medical sessions).
Immunisation and Vaccination		2 p.m.—4 p.m. Tuesday (fortnightly).



- (4) *Low Fell Presbyterian Church Hall* :—  
 Child Welfare Centre ..... 2 p.m.—4.30 p.m. Mondays and Wednesdays (medical sessions).  
 Immunisation and Vaccination Monthly, 1st Wednesday, 2 p.m.—4 p.m.
- (5) *Moore Street Methodist Church Hall* :—  
 Child Welfare Centre ..... 2 p.m.—4.30 p.m. Monday (medical sessions).  
 Immunisation and Vaccination Monthly, last Monday 2 p.m.—4 p.m.
- (6) *Wrekenton Miners' Welfare Hall* :—  
 Ante-natal Clinic and Child Welfare Centre ..... 2 p.m.—4.30 p.m.—Monday.  
 Immunisation and Vaccination Monthly, 1st Monday 2 p.m.—4 p.m.
- (7) *Victoria Road Methodist Church Hall*  
 Child Welfare Centre ..... 2 p.m.—4.30 p.m. Friday.  
 Immunisation and Vaccination Monthly, 1st Friday, 2 p.m.—4 p.m.
- (8) *Carr Hill Health Centre* :—  
 Minor Ailments Clinic ..... 9 a.m.—10 a.m. daily.  
 Child Welfare Centre ..... Wednesday, 2 p.m.—4.30 p.m.  
 Immunisation and Vaccination Monthly, last Wednesday, 2 p.m.—4 p.m.
- (9) *Lobley Hill, Beechwood Gardens, Methodist Church Hall* :—  
 Child Welfare Centre ..... Thursday, 2 p.m.—4.30 p.m.  
 Immunisation and Vaccination Monthly, 1st Thursday, 2 p.m.—4 p.m.
- (10) *Old Fold Centre, Old Fold Road* :—  
 Child Welfare Centre ..... Friday, 2 p.m.—4.30 p.m.  
 Immunisation and Vaccination Monthly, last Friday 2 p.m.—4 p.m.

### 3. Local Hospitals serving the Area (patients seen by appointment)

#### *Queen Elizabeth Hospital* :—

##### *Medicine*

Dr. C. N. Armstrong	.....	Tuesday p.m.
Dr. H. A. Dewar	.....	Friday a.m.
Dr. D. W. Ashby	.....	Tuesday a.m.

##### *Diabetic Clinic*

(Medical Registrar)	.....	Monday a.m.
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##### *Surgery*

Mr. George Y. Feggetter	.....	Tuesday p.m.
Mr. J. Henderson	.....	Monday, Thursday and Friday a.m.
Mr. T. H. Tweedy	.....	Wednesday a.m.

##### *Gynaecology*

Mr. D. F. Smith	.....	} Thursday p.m.
Gynaecological Registrar	.....	

##### *Obstetrics*

Maternity bookings	.....	Through Almoner, Queen Elizabeth Hospital
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##### *Orthopaedic*

Mr. A. E. Bremner	.....	Wednesday a.m.
Fracture Clinic	.....	Tuesday a.m.

##### *Dermatology*

Dr. T. Parkin	.....	Monday and Friday p.m.
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##### *Psychological Medicine*

Dr. J. J. Justice	.....	Thursday a.m.
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*Radiology* ..... Dr. D. Ramage.

*Physical Medicine* ..... Dr. J. R. Horler (booked through physiotherapy department)

*Bensham General Hospital :—*

*Medicine*

Dr. D. W. Ashby ..... Monday, Wednesday & Friday a.m.

*Dermatology*

Dr. T. Parkin ..... Thursday a.m.

*Orthopaedic*

Fracture Clinic ..... Tuesday p.m.

*Whickham Cottage Hospital :—*

*Surgery*

Mr. J. Henderson ..... Friday p.m.

*Children's Hospital :—*

*Orthopaedic*

Mr. A. E. Bremner ..... Wednesday a.m. (alternate weeks)

*Ear, Nose and Throat*

Mr. R. G. Chaytor ..... Wednesday a.m.  
Friday p.m. (children).

*Out-Post Clinics of Queen Elizabeth Hospital*

Greenesfield Health Centre ..... Monday p.m., Tuesday a.m., Thursday a.m.

#### 4. Maternity and Child Welfare (Report by Dr. M. B. Herbst)

##### (a) Births

There were 1,916 live births registered during 1955. Of the total live births, 969 were males and 947 females. This represents a birth rate of 16.9 per 1,000 of the population, showing a decrease of .2 per 1,000 from 1954. 67 births (38 males and 29 females) or 3.4 per cent. were illegitimate

<i>Attended by</i>	<i>No. of live births</i>	<i>No. of still births</i>
Doctors .....	269	5
Midwives .....	541	14
Princess Mary Maternity Hospital		
—in Wards .....	36	4
Bensham Hospital .....	383	9
Queen Elizabeth Hospital .....	627	31
Craigielea Nursing Home .....	—	—
Other Nursing Homes .....	60	4

In all of the doctors' cases a registered midwife was in attendance as a maternity nurse.

##### *Stillbirths*

There were 67 stillbirths during the year : of these 31 were males and 36 females, making a stillbirth rate of .59.

39 of the stillbirths were among premature babies.



*(b) Infantile Mortality*

There were 59 deaths among infants under the age of one year, giving an infantile mortality rate of 30.7 which is 2.0 more than last year, and the second lowest on record in the borough. The infantile mortality rate in Gateshead is still above that for England and Wales, which was 24.9 for last year. The neo-natal death rate was lower than last year; 42 infants died under the age of one month, making a rate of 21.9; 35 infants died during their first week.

Last year the improvement in the infantile mortality rate was due to the very small number of infants who died over the age of one month; this year there were 17 as against 11 last year. Of the seventeen, thirteen died from pneumonia and other chest infections, three from meningitis and one from intussusception. The death rate of infants in Gateshead from chest diseases is much too high. Among the 42 infants who died under the age of one month, 25 were due to prematurity, 21 from prematurity alone and 4 others having some other complaint or malformation. 12 deaths were due to malformation or other defects incompatible with life.

Prematurity still remains the cause of the largest number of deaths among young infants. The infantile and neo-natal mortality rates in the various wards of the borough were as follows :—

			<i>Infantile Mortality</i>	<i>Neo-Natal Mortality</i>
			<i>Rate</i>	<i>Rate</i>
N.E.	.....	.....	8.0	8.0
N.	.....	.....	72.6	55.8
N.W.	.....	.....	24.2	16.1
C.	.....	.....	25.9	25.9
W.	.....	.....	27.6	4.6.
E.C.	.....	.....	8.7	4.3
W.C.	.....	.....	40.2	33.5
S.	.....	.....	34.1	23.8
E.	.....	.....	21.4	21.4
S.C.	.....	.....	65.9	43.9

There was a different distribution of infant death rate from the usual pattern in Gateshead. The north ward had the highest rate and the north east ward, which has usually been very high, had the lowest rate. The south central ward, which is usually one of the best, had the second highest rate. The east central ward, which has usually been one of the highest, was the second lowest.

This year there was less breast feeding than in the previous year; only about 22 per cent. of the babies were being breast fed at four months old. This is a very bad thing, and mothers would find that if they fed their babies naturally, the babies would keep much better in health and would recover from any ailments much more rapidly.

## Deaths from Stated Causes at Various Ages under 1 Year of Age

Cause of Death	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total deaths under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year		
										M.	F.	T.
All Causes Certified .....	33	5	1	1	40	5	6	4	2	32	25	57
Uncertified .....	2	—	—	—	2	—	—	—	—	2	—	2
Tuberculosis, other .....	—	—	—	—	—	—	—	—	1	—	1	1
Meningococcal infections .....	—	—	—	—	—	—	—	—	1	1	—	1
Measles .....	—	—	—	—	—	—	—	1	—	—	1	1
Influenzal tracheitis .....	—	—	—	—	—	—	1	—	—	1	—	1
Pneumonia .....	3	—	—	—	3	1	—	—	—	3	1	4
Bronchopneumonia .....	3	—	—	1	4	3	3	—	—	4	6	10
Bronchitis .....	—	—	—	—	—	—	—	1	—	1	—	1
Enteritis .....	—	—	—	—	—	—	—	1	—	1	—	1
Congenital malform's .....	4	2	—	—	6	—	2	—	—	4	4	8
Premature birth .....	18	1	1	—	20	—	—	—	—	13	7	20
Asphyxia & atelectasis .....	5	—	—	—	5	—	—	—	—	3	2	5
Inhalation of vernix .....	1	—	—	—	1	—	—	—	—	—	1	1
Maternal toxæmia .....	1	—	—	—	1	—	—	—	—	1	—	1
Congenital heart failure .....	—	2	—	—	2	—	—	—	—	1	1	2
Paralytic ileus .....	—	—	—	—	—	—	—	1	—	1	—	1
Hydrocephalus .....	—	—	—	—	—	1	—	—	—	—	1	1
	35	5	1	1	42	5	6	4	2	34	25	59

## (c) Child Welfare Clinics

Centre	No. of sessions	First visits of children 0-1 years	Revisits of children 0-1 years	First visits of children 1-5 years	Revisits of children 1-5 years
Greenesfield .....	98	240	1,382	204	649
Bensham .....	98	288	2,491	96	1,402
Moore Street .....	47	187	1,164	59	233
Low Fell.....	98	150	1,995	67	737
Victoria Road .....	51	158	1,512	69	461
Wrekenton .....	47	120	712	69	344
Lobley Hill .....	51	77	979	71	638
Carr Hill.....	51	152	1,008	65	591
Old Fold.....	51	96	530	84	205
Totals .....	592	1,468	11,773	784	5,260

Centres	No. of attendances	Average attendance at Doctors' Sessions	Infant Examinations by Medical Officer	Average No. of Consultations per Session
Greenesfield .....	2,475	25.3	1,050	10.7
Bensham .....	4,277	43.8	1,356	13.9
Moore Street .....	1,643	34.9	563	11.9
Low Fell.....	2,949	30.0	807	8.2
Victoria Road .....	2,200	43.1	617	12.1
Wrekenton .....	1,245	26.5	353	7.4
Lobley Hill .....	1,765	35.0	414	8.0
Carr Hill.....	1,816	35.7	443	8.68
Old Fold.....	915	17.9	298	5.8
Totals .....	19,285	32.0	5,901	9.9

### *Treatment*

During the year 280 children were referred to the minor ailments' clinic, and made 788 attendances.

The conditions treated were as follows :—

Ringworm—Head .....	—	Conjunctivitis .....	8
Body .....	2	Other eye conditions .....	31
Scabies .....	5	Otitis media .....	5
Impetigo .....	20	Other ear conditions .....	—
Septic sores .....	17	Throat & nose conditions .....	—
Eczema & dermatitis .....	13	Other defects .....	108
Other skin conditions .....	49		
Blepharitis .....	22		

88 children were referred to the refraction clinic ; the following are the particulars :—

No. of appointments made .....	88
No. of appointments kept .....	74
No. for whom spectacles were prescribed .....	55
No. who obtained spectacles .....	55

### *(d) Nursery Schools*

Prior Street and Brighton Avenue Nursery classes continued to care for about 60 children between the ages of 2 and 5 years. Another 20 children were accommodated in the Bensham Settlement. The Bensham Nursery School has not yet been rebuilt.

Priority admission was given to children whose mothers were employed or in ill-health.

A health visitor makes weekly visits to treat minor ailments, and one of the school medical officers makes regular visits to examine the children medically.



# County Borough of Gateshead

## INFANTILE MORTALITY per 1,000 live births

### 1871 - 1955

#### AVERAGE INFANTILE MORTALITY RATES

1871-1880	1881-1890	1891-1900	1901-1910	1911-1920	1921-1930	1931-1940	1941-1950
172	161	174	149	127	96	81	59

Rate per  
1,000  
live Births





(e) *Day Nurseries*

The four day nurseries remained open throughout the year, though two of them had very reduced numbers of children attending owing to the higher fees payable.

One of the extensions at Holy Trinity Nursery has remained closed throughout the year. This nursery now caters for 80 children, instead of 120. Old Fold Nursery occupies one end of the nursery buildings and has become reduced in numbers to about 25. The children in the nurseries were all examined medically and dentally during the year. Very few defects were found.

The following infectious diseases occurred among the nursery children during the year :—

	<i>Holy Trinity</i>	<i>Old Fold</i>	<i>South Close</i>	<i>Victoria</i>	<i>Total</i>
Scarlet fever	—	—	1	1	2
Measles	28	5	21	18	72
Mumps	—	—	—	5	5
Chickenpox	—	4	3	10	17
Whooping cough	8	1	—	8	17
Dysentery	—	—	—	16	16

*Nurseries and Child Minders Regulations Act, 1948*

The Beth Midrash Lemoroth Nursery for Jewish children has continued throughout the year at 61 Rectory Road.. It has places for 20, children and has been fully occupied throughout the year. When visited the children in this nursery appeared to be happy and well cared for.

(f) *Milk and Other Foods sold during 1955*

This has been the first full year since the Health Authority took over again the distribution of milk and welfare foods. This department has worked very smoothly. It has been found necessary to have assistance from the Women's Voluntary Services at some of the Centres. Our most grateful thanks must be put on record to the W.V.S. for their excellent work in this connection. Assistance has been given by these ladies at Greenesfield on Monday and Friday afternoons throughout the year ; at the Victoria Road Centre on Fridays from January to June, and at Moore Street from June to December.

During the year, the following amounts of National Dried Milk and Vitamin foods were supplied :—

121,716 tins of National Dried Milk  
 14,757 bottles of Cod Liver Oil  
 5,502 packets of Vitamin Tablets  
 70,294 bottles of Orange Juice

A total of £5,158 10s. 4½d. was taken in stamps for National Dried Milk, 2,263 tins were issued free, and 396 tins were sold at 4/- a tin to mothers who wished to purchase more than the Ministry allow at the subsidised price, the total amount taken being £5,237 14s. 4½d. £1,352 4s. 2d. was taken for orange juice. 2,428 bottles of orange juice were issued free.



The following amounts of milk and other foods were sold during 1955 :—8,514 packets of Dried Milk, 3,493 half pounds of Virol, 233 jars of Malt and Oil, 195 jars of Maltoline and Iron, 2,605 tins of Ovaltine, 181 jars of Vimaltol, 312 packets of Groats, 35 tins of Barley, 297 packets of Robrex, 482 packets of Scotts Baby Cereal, 661 packets of Weanings Foods, 6,021 bottles of Adexolin, 584 packets of Trufood Cereal, 1,183 packets of Farex, 966 tins of Robsoup, 526 bottles of Minadex, 186 jars of Numol and 3,607 bottles of Rose Hip Syrup.

Receipts amounted to £2,893 3s. 2d., against a cost of £2,752 8s. 8½d.

(g) *Care of Premature Infants.*

During the year, 195 premature infants were born to Gateshead mothers. 156 were born alive. The particulars of these were as follows :—

Place of Birth	No. of live births	Deaths under 24 hours	Deaths under 28 days	Alive
At home .....	45	4	3	38
Queen Elizabeth Hospital	71	4	14	53
Bensham Hospital .....	39	2	2	35
Other Hospitals .....	1	—	—	1
	156	10	19	127

Of the 52 premature infants who were born at home, 45 were born alive and 7 were still born. The following are the particulars of those who were born alive :—

Weight at birth	Total	Died under 24 hours	Died under 28 days	Alive
3 lbs. 4 ozs. or less 1000 gms.-1500 gms. ....	6	3	2	1
Over 3 lbs. up to and including 4 lbs. 6 ozs. Over 1500 gms.-2000 gms.	16	—	1	15
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. :— Over 2000 gms.-2250 gms.	8	—	—	8
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. : Over 2250 gms.-2500 gms.	15	1	—	14
Totals .....	45	4	3	38

The whole-time premature baby nurse paid 1,507 visits during the year, and the part-time nurse paid 316 visits, making in all 1,823 visits. This service has been a means of saving the lives of some of the small infants, and is greatly appreciated by the mothers.

Cots, blankets, hot water bottles, etc., were lent to the parents on 17 occasions.

(h) *Care of Illegitimate Children*

There were 67 illegitimate live births in the Borough in 1955, 38 males and 29 females.

The following is a summary of the particulars of these :—

Total No. of children	Living with mother or near relative	Child adopted	Left the district	Boarded out	In residential nursery	Died	Children living with mother or near relative	
							Children well cared for in good home	Home conditions poor but child thriving
67	49	3	9	—	4	2	45	4

There is one voluntary organisation for rescue and moral welfare in Gateshead, the St. Faith's Home, in which expectant mothers are received from Gateshead and from various parts of the country. 3 girls were paid for by the local authority.

Arrangements are also made through the Health Department for girls to be received into homes out of the town and payment is made for them by the Local Authority. Under these arrangements, 3 girls were paid for at the Brettagh Holt Maternity Home, Kendal, and 1 at the Salvation Army House, Leeds.

The mothers accommodated at St. Faith's Home attend the Hospital ante-natal clinic, and arrangements are made for them to be confined in the Bensham General Hospital, or at Hopedene, Newcastle upon Tyne.

It will be seen that in Gateshead a large proportion of the illegitimate children remain at home and are looked after by their mother or relatives.

(i) *Ophthalmia Neonatorum*

Two cases of ophthalmia neonatorum were notified during 1955. Both cases recovered completely.

(j) *Ultra-Violet Ray Therapy*

66 new cases and 97 old cases attended the clinic for treatment and made 664 attendances. They were treated for the following defects :—

Rickets	Anorexia
Anaemia	Adenitis
Debility and not gaining weight	Nasal catarrh
Subnormal nutrition	Urticaria
Bronchitis	

31 completed the treatment and were improved.

(k) *Hospital Treatment for Ailing Children*

Such children belonging to the Borough are usually referred to the following hospitals :—

The Children's Hospital, Gateshead.  
 The Children's Department of the Royal Victoria Infirmary, Newcastle.  
 The Queen Elizabeth Hospital, Gateshead.  
 The Fleming Memorial Hospital, Newcastle.

It is the custom of the hospitals to forward to the Health Department a copy of the discharge letter sent to the patient's own doctor.

(l) *Exceptional Children*

The following list of special cases among children under 5 years receive extra attention from the health visitors, who see that treatment is obtained where necessary.

At the age of two years, the names of the children among these cases who are likely to require special educational facilities are passed on to the school medical service, so that suitable arrangements can be made as early as possible.

Congenital defects .....	41
Orthopaedic cases .....	146
Deaf or Deaf and Dumb .....	6
Speech defects .....	24
Hare lip or cleft palate .....	13
Mentally retarded .....	38
Eye defects .....	159
Miscellaneous .....	119
	<hr/>
	546
	<hr/>

The congenital defects comprised :—

Imperforate anus .....	2
Spina bifida .....	4
Hypospadias .....	4
Achondroplasia .....	1
Congenital heart disease .....	15
Congenital amputation .....	1
Defective hands or feet .....	8
Minor defects .....	2
Exomphalos .....	2
Meningocele .....	2

**Orthopaedic Cases**

T.B. Ankle .....	1
Talipes .....	26
Osteitis tibia .....	1
Deformity of leg .....	4
Deformity of arm .....	1



Deformity of feet .....	3
Genu valgum .....	25
Genu varum .....	20
Flat feet .....	15
Wasting arm .....	1
Birth injury to clavicle .....	1
Birth injury to humerus .....	2
Congenital dislocation of hip .....	7
Torticollis .....	7
Infantile paralysis sequelae .....	22
Rickets .....	1
Facial paralysis .....	3
Scoliosis .....	2
Hemiplegia .....	4

**Mentally retarded**

Mongols .....	11
Epilepsy .....	6
Backward .....	17
Cerebral palsy .....	4

**Miscellaneous**

Tuberculosis lungs .....	15
,,    knee .....	1
,,    spine .....	1
Sequelae of T.B. Meningitis .....	4
Hydrocele .....	4
Asthma .....	3
Bronchiectasis .....	2
Sequelae of poliomyelitis .....	2
Suprarenal deficiency .....	1
Coeliac disease .....	2
Eczema .....	20
Delicate .....	2
Osteitis .....	2
Congenital cystic disease of lung .....	1
Rickets .....	7
Abscess of lung .....	1
Fits .....	1
Hiatus hernia .....	1
Removal left kidney .....	1
Hernia .....	23
Diseased kidneys .....	3
Wasting right leg .....	1
Pink disease .....	1
Spina bifida .....	1
Minor defects .....	19

**Eye Defects**

Strabismus .....	135
Ptosis .....	2
Congenital cataracts (3 blind) .....	6
Blocked lachrymal duct .....	6
Nystagmus .....	1
One eye enucleated .....	2
Glaucoma .....	1
Retrolental fibroplasia (blind) .....	2
Keratitis .....	2
Other defects .....	2

**Midwifery Service***(a) Midwives*

53 midwives notified their intention to practise midwifery in the Borough. They were distributed as follows :—.....

Municipal midwives	.....	14
District Nurses' Home	.....	11
Private	.....	1
Queen Elizabeth Hospital	.....	15
Bensham Hospital	.....	12

The following is a summary of the work of the Supervisor of Midwives, Mrs. M. A. Bolam :—

Routine visits to midwives	.....	54
Special visits to midwives	.....	29
Visits to still births	.....	63
Nursings and deliveries supervised	.....	10
Visits to cases of opthalmia neonatorum	.....	2
Visits to premature babies	.....	173
Special visits	.....	227
Unsuccessful visits	.....	83
Routine interviews with midwives	.....	385
Attendances at ante-natal clinics	.....	40
Visits to puerperal pyrexia	.....	8
Visits to neo-natal deaths	.....	32

At the routine visits paid to the domiciliary midwives, inspections were made of their register of cases, temperature charts, ante-natal records, bags and appliances.

At the end of the year there were 10 full-time midwives on the staff and one premature baby nurse. At the District Nurses' Home there were one Superintendent (part-time) and 6 midwives.

(b) *Ante-Natal Care*

**Summary of Work at Clinics**

The following is a summary of the attendances at the various clinics:—

Centre	No. of sessions	No. of 1st visits	No. of revisits	Total attendances	Average per session
Greenesfield	51	143	438	581	11.4
District Nurses' Home	47	61	280	341	7.2
Totals	98	204	718	922	9.4

Blood was taken for routine Wassermann and Rhesus Test at the municipal clinics and at the Queen Elizabeth Hospital Clinic. In all 1,261 specimens were tested and 2 women were found to have a positive Wassermann reaction.

During the year all the mothers were invited to have their chest x-rayed as a routine on their first visit to the ante-natal clinic. Among those who were x-rayed 2 cases of tuberculosis were found.

(c) *Maternal Welfare*

There were four deaths associated with pregnancy during the year :—

No.	Age	Cause of Death.
1	21	1a. Acute Haemolytic anaemia following on child birth 11 Pre-eclamptic toxæmia.
2	29	Pulmonary embolism due to puerperal pelvic vein thrombosis. Natural causes. Certified by coroner after P.M. without inquest.
3	30	1. Air embolism following 11. Delivery of placenta during 3rd stage of labour. 111. Premature labour at 36th week of gestation complicated by hydramnios and anencephalic foetus. Natural causes. Certified by coroner after P.M. without inquest.
4	27	1a. Shock b. Rupture of uterus c. Normal delivery

(d) *Puerperal Pyrexia*

The following is an analysis of the cases notified under the Regulations :—

Case No.	Attendance	Removed to hospital	End Result	Remarks.
1	Hospital	—	Cured	Forceps delivery. Episiotomy and repair. Pyrexia 8th day.
2	Hospital	—	Cured	Pyrexia due to inflamed breast.
3	Hospital	—	Cured	Pyrexia 1st day, diagnosed as glandular fever.
4	Hospital	—	Cured	Forceps delivery and manual removal of placenta. Pyrexia 5th day. Cough
5	Hospital	—	Cured	Induced labour : Pyrexia 7th day
6	Hospital	—	Cured	Normal delivery : lacerated perineum, sutured. Pyrexia 3rd day.
7	Hospital	—	Cured	Normal delivery : episiotomy and repair Pyrexia 5th day.
8	Hospital	—	Cured	Mild toxæmia : Forceps delivery : episiotomy and repair. Pyrexia 9th day. Cystitis.
9	Hospital	—	Cured	Normal delivery : Pyrexia 4th day : alveolar abscess.
10	Hospital	—	Cured	Induced labour : post-partum hæmorrhage, Pyrexia 2nd day.
11	Hospital	—	Cured	Normal delivery. Pyrexia 2nd day : Cough and pain in chest.
12	Hospital	—	Cured	Normal delivery : episiotomy and repair. Pyrexia 10th day due to breast infection.
13	Hospital	—	Cured	Caesarean section for placenta prævia. Pyrexia 2nd day. Cough and pain in chest.
14	Midwife	—	Cured	Normal delivery.
15	Midwife	—	Cured	Lacerated Perineum : ragged membranes. Pyrexia 8th day—abdominal tenderness
16	Doctor	—	Cured	Lacerated perineum, repaired Pyrexia 3rd day.



Case No.	Attendance	Removed to hospital	End Result	Remarks.
17	Doctor	—	Cured	Prolonged 1st stage. Pyrexia 3rd day : abdominal pain.
18	Doctor	—	Cured	Normal delivery : Pyrexia 5th day : Pain in abdomen.
19	Doctor	—	Cured	Forceps delivery : Perineal laceration : repaired. Pyrexia 3rd day.
20	Hospital	—	Cured	Normal delivery : Pyrexia and rigors 2nd day : common cold and urinary infection.
21	Doctor	Yes	Cured	Twin delivery : slight laceration : patient very oedematous. Rise of temperature and offensive lochia 4th day. Persistent occipito posterior position.
22	Hospital	—	Cured	Forceps delivery; episiotomy and repair. Pyrexia 2nd day : Pyelitis and uterine infection.
23	Hospital	—	Cured	Forceps delivery : Pyrexia 2nd day : urinary infection.

(e) *Emergency Cases*

In 49 cases, where a doctor was not previously engaged, medical aid was called by the midwife for the mother, infant or both.

In 41 cases, the medical aid was for the mother for the following emergencies :—

	Doctors called by		
	Municipal midwives	D.N.A. midwives	Other midwives
Lacerated perineum .....	14	7	—
Prolonged labour .....	—	1	—
Malpresentation .....	2	—	—
Ante-partum haemorrhage .....	2	1	—
Post-partum haemorrhage .....	2	—	—
Retained placenta .....	1	1	—
Premature labour .....	—	1	—
Albuminuria .....	—	1	—
Toxaemia .....	—	1	—
Pyrexia .....	1	—	—
Cerebral thrombosis .....	1	—	—
Miscarriage .....	—	2	—
Intra uterine death .....	—	1	—
Foetal distress .....	1	1	—
Totals .....	24	17	—

In 8 instances the medical aid was for the infant :—

	Municipal midwives	D.N.A. midwives	Other midwife
Discharging eyes .....	1	3	—
Dangerous feebleness .....	2	1	—
Skin conditions .....	—	1	—
Totals .....	3	5	—

(f) *Hospital Accommodation for Maternity Cases.*

The following is a summary of the Gateshead cases admitted to the Princess Mary Maternity Hospital during the year :—

Live births	.....	36
Still births	.....	4

Of the 40 births, 36 were delivered normally, 1 by Caesarean Section, 3 by forceps.

There were 391 births to Gateshead mothers in the Bensham General Hospital, and 658 births in the maternity unit of the Queen Elizabeth Hospital.

(g) *Nursing Home*

A nursing home situated at Craigielea, Low Fell, is registered to take 8 maternity cases. As the matron does not wish to continue the midwifery side of this home no cases were booked during the year.

(h) *Consultant Aid for Emergency Cases*

During 1955, the emergency teams provided by the Hospital Boards were called out on three occasions.

(i) *Midwifery Outfits*

Midwifery outfits containing clothing and bed-linen necessary for both mother and infant are available at the ante-natal clinic. Two outfits were borrowed during the year.

(j) *Municipal Midwifery Scheme (Midwives' Act, 1936)*

The following is a summary of the work done by the municipal midwives :—

Midwife	No. of Cases		No. of morning visits	No. of evening visits	Ante-natal visits
	Attended as midwife	Attended as mat. nurse			
1	37	6	622	124	353
2	25	11	427	84	164
3	39	20	736	136	337
4	48	15	774	157	333
5	42	26	710	142	384
6	24	6	845	173	89
7	32	3	475	130	217
8	46	4	630	133	134
9	34	6	533	110	230
10	43	13	651	155	421
11	35	7	521	139	256
12	46	3	616	120	319
13	3	1	311	38	12
14	12	—	162	56	32
15	9	1	115	31	74
16	15	—	163	44	122
Totals .....	490	122	8,291	1,772	3,477

Gas and air analgesia was administered to 202 mothers by the municipal midwives, and 83 mothers by the district nurse midwives.

Trilene was administered to 72 mothers by the municipal midwives and to 103 mothers by the district nurse midwives.

The district nurse midwives are not booked individually, but take the cases in turn. The following is a summary of the work done by them :—

No. of cases		No. of morning visits	No. of evening visits	Ante-natal visits
Attended as midwife	Attended as mat. nurse			
65	187	3603	952	2465

The following is a synopsis of the above cases :—

	No. of cases	Live births	Still births	Mis-carriages	Sent to hospital	Maternal deaths
Municipal midwives .....	612	579	10	7	16	1
District Nurse midwives .....	252	244	4	3	1	—
Totals .....	864	823	14	10	17	1

There were 7 cases of puerperal pyrexia among the above.

In 49 cases, where a doctor was not previously engaged, medical aid was called by the municipal midwives or district nurse midwives, for the mother, infant or both.

#### (k) *Post-Natal Clinic*

This clinic is held at the Greenesfield Health Centre, in conjunction with the ante-natal clinic on Wednesday afternoons.

During the year 27 mothers attended for the first time, and made a total of 28 attendances.

#### *District Nursing Association (Post-Natal Clinic)*

A post-natal clinic is also held at the District Nurses' Home in conjunction with the ante-natal clinic on Tuesday afternoons. During the year 23 mothers attended.

### 5. Health Visitors

The establishment for health visitors is a superintendent and 19 others, the health visitors also acting as school nurses and each having a district within which she is responsible for all types of domiciliary visiting,



including visits of supervision to aged persons and problem families. At the end of 1955, the staff of district health visitors numbered only 16 i.e. 3 short of the establishment. One health visitor had been appointed but had not yet taken up her duties, and there was a student health visitor in training who would be available in 1956. In addition to the health visitors there is a nurse whose duties include the special nursing at the open air school and the administration of sunlight treatment, but she does not do any home visiting.

There is a shortage of health visitors, and the only way in which we are able to recruit is by engaging them as student health visitors, whereby they attend the course of training sponsored by the Newcastle City Council and give us a year's service after completion of training.

### Summary of Home Visits

<i>Infants</i>		<i>At four months</i>	
Born at full term	..... 1781	Breast fed	..... 372
Prematurely	..... 151	Partially breast fed	..... 106
		Artificially fed	..... 1,172

#### Visits to Infants under 1 year

First visit after notification	.....	.....	..... 1,982
No. of revisits	.....	.....	..... 8,374
Visits to children 1-2 years	.....	.....	..... 4,253
Visits to children 2-5 years	.....	.....	..... 10,670

#### Visits to Expectant Mothers

First visits	.....	.....	..... 721
No. of revisits	.....	.....	..... 380

#### Miscellaneous Visits

				<i>Total</i>
Measles	.....	.....	.....	1,590
Diarrhoea	.....	.....	.....	13
Whooping cough	.....	.....	.....	457
Pneumonia	.....	.....	.....	63
Scabies	.....	.....	.....	15
Scarlet fever	.....	.....	.....	1
Meningitis	.....	.....	.....	2
Tuberculosis	.....	.....	.....	1,598
Poliomyelitis	.....	.....	.....	4
Mumps	.....	.....	.....	2
Special cases, including old people	.....	.....	.....	520
Ineffective visits	.....	.....	.....	5,792

The total number of visits by health visitors during the year was 36,437.

## 6. Home Nursing

The bulk of the home nursing care of patients in the Borough is carried out by the Gateshead District Nursing Association from the Nurses' Hostel at Coatsworth Road. This service is presided over by a superintendent, and embraces the following members of the staff :—one assistant superintendent, 5 midwives, one maternity nurse, 13 Queen's Nursing Sisters, 3 state registered nurses, 2 Queen's trained male nurses, 5 student nurses, one state enrolled assistant nurse and 2 part-time nurses. The midwives are employed by agreement with the Local Authority to cover the midwifery service, and a number not exceeding 3 pupil midwives are seconded from the Queen Elizabeth Hospital to complete the second part of midwifery training. The remaining personnel are provided for the purpose of

the home nursing service. A meeting was held early in 1956 with the Nursing Association representatives, as a result of which the following standard establishment was agreed as between the two contracting parties: 1 superintendent nurse, 2 assistant superintendents, 5 midwives, 3 pupil midwives, 14 female Queen's Nurses, 2 male Queen's Nurses, 2 part-time district nurses, not more than 5 student nurses, 1 state enrolled assistant nurse.

The following table summarises the home nursing done by the Gateshead District Nursing Association on behalf of the Local Authority during 1955 : —

	Acute illness		Maternity		Chronic illness		Total	
	Cases nursed	Visits	Cases nursed	Visits	Cases nursed	Visits	Cases nursed	Visits
No. on books at 1st January, 1955 .....	27	—	13	—	275	—	315	—
No. nursed in								
January .....	76	661	32	716	364	4424	472	5801
February .....	74	619	36	588	354	4140	464	5347
March .....	76	773	42	621	399	4722	517	6116
April .....	77	975	33	682	392	4303	502	5960
May .....	86	824	29	550	339	4359	454	5733
June .....	84	867	30	668	378	4554	492	6089
July .....	85	776	31	666	363	4643	479	6085
August .....	93	814	27	583	323	4539	442	5936
September .....	89	926	40	677	343	4431	472	6034
October .....	98	830	30	608	324	4217	452	5655
November .....	89	865	28	544	332	4402	449	5811
December .....	89	788	34	613	355	4541	478	5942
No. on books at 31st December, 1955 .....	33		7		298		338	
Total cases nursed and visits paid during Year	694	9718	282	7516	1126	53275	2101	70509

Of the 1,820 general illnesses nursed, 1,007 were medical, 446 were surgical, 8 infectious diseases, 95 cases of tuberculosis, 15 complications of maternity and there were 249 patients otherwise classified, the bulk of these being senile or requiring diagnostic procedures, such as enemas.

A separate agreement joins Gateshead and the County Council in the provision of a district nurse to serve the Wrekenton area. The nurse at Wrekenton nursed 185 patients resident within the Borough and these included 56 cases of acute illness and 129 of chronic illness. The 185 cases nursed were classified as follows :—medical 117, surgical 56, tuberculosis 12. The Wrekenton nurse paid altogether 4,161 visits to the patients in her district.

The Ministry of Health have asked for special information in regard to home nursing. 95 of the patients were under the age of 5 years at the time of the first visit during the year. 894 patients were over the age



of 65 years at the first time of visiting. Altogether 476 patients had more than 24 visits during the year, and these patients actually involved a total of 44,580 visits altogether, an average of 94 visits to each of these chronic patients in the year, or two visits per week. This represents the burden thrown on the home nursing service as a result of the shortage of hospital geriatric accommodation. In comparison with the previous year the totals represent an all-round increase. The number of acutely ill persons nursed—750, is to be compared with 702 in 1954. The number of maternity cases, 282, is to be compared with 274 in 1954, and the number of cases of chronic illnesses 1,255, is an increase on 1,138, the number nursed in 1954. Similarly, at the end of the year the number of cases of chronic illness on the books of the local Nursing Association was 298 and at Wrekenton 22, a total of 320, as compared with 285 in 1954.

The Superintendent of the Gateshead Nursing Association has very kindly provided the following analysis of 1,728 patients who were nursed during 1955 :—

<i>Disease</i>	Under 1 yr.	1— 5 yrs.	5— 15 yrs.	15— 65 yrs.	over 65 yrs.	Total.
Acute Respiratory Diseases .....	6	17	11	46	99	179
Chronic Respiratory Diseases .....	—	—	—	29	34	63
Burns and scalds .....	2	2	2	6	11	23
Post operative Dressings .....	1	6	5	110	41	163
Chronic Dressings including Colostomy .....	4	16	18	132	68	238
Fractures for General Nursing .....	—	—	2	22	30	54
Diabetes .....	—	—	—	3	21	24
E. S. for Constipation and Prep. for X-ray .....	1	4	2	46	26	79
Washouts and Threadworms .....	—	4	6	—	—	10
Strokes .....	—	—	—	28	58	86
Carcinoma .....	—	—	—	38	73	111
Rheumatoid Arthritis .....	—	—	—	1	24	25
Senility .....	—	—	—	—	149	149
Heart complications .....	—	—	—	66	132	198
Pernicious anaemia .....	—	—	—	86	39	125
E.N.T. Diseases .....	—	8	17	—	—	25
Tuberculosis .....	—	—	—	88	7	95
Infectious Diseases .....	2	2	2	2	—	8
Miscarriages .....	—	—	—	16	—	16
Complicated maternity .....	—	—	—	15	—	15
Gynaecological .....	—	—	—	6	36	42
	16	59	65	740	848	1,728

406 patients were visited for the purpose of giving injections only, and 190 visits were paid to patients late in the evening for the purpose of administering sedative and narcotic drugs.

There is no special service for the nursing of sick children, these being cared for by the nurse working in the area at the time.

## 7. Domestic Help

As stated in previous reports, a ceiling was set in 1949 to the expansion of this service to the equivalent of 80 full-time home helps. In practice, it was found much better to depend on part-time home helps who are mainly married women and accordingly in 1955 the service consisted of a supervisor, assistant supervisor, 6 full-time female helps, 2 full-time



male helps and 90 part-time helps, a total personnel of 100, which is something less than the authorised establishment. Permission has, however, been given to recruit seasonal home helps in the event of any emergency such as epidemic influenza.

During 1955, 684 households received help. In 453 of these the cause was the existence of chronic degenerative illness. The maternity cases helped numbered only 63, which is in keeping with the low numbers of recent years and is due to the fact that the scales of assessment in Gateshead are framed in such a way that the charges for a maternity home help are very much higher than the charges made to the aged and infirm who are living on pensions or assistance board grants. Most of the latter, indeed, get a home help free. In 1955, 86 bookings of a home help for a confinement in the home were cancelled after the charge payable was communicated to the family.

142 households, in which there was acute illness, received home help, usually because of the admission to hospital of the mother who left young children to be cared for until the father's return from work.

The supervisor reports that there were over 200 households consisting of old people living alone and dependent entirely on the visits of the home help. The cause of this was the absence of relatives in the district or the relatives themselves being unable to help because of age or infirmity. There is no doubt that many of these aged people would be much better looked after in a welfare hostel or geriatric annex. In many cases their activities are confined to the home and an evening visit by a home help to fill a pail of coal, fill a hot water bottle and help them to bed is very much appreciated. One home help on duty can do quite a number of these old people living in the same area between the hours of 7 and 9 p.m. and in the winter time as many as three home helps have been put on these evening duties. Problem families to the number of seven have received help from a skilled and experienced member of the service.

Expenditure on the service in 1955-56 was estimated to be £18,505 and receipts £575. These figures represent a reduction of almost £1,000 on the previous year, and £3,000 below the peak year of 1951-52.

## **8. Vaccination and Immunisation**

### *(a) Vaccination*

During 1955, 554 persons were vaccinated and 72 re-vaccinated. These included 464 infants under one year, 31 children aged 1 to 4 years, 9 school children and 50 adults. 70 of the persons re-vaccinated were adults.

Out of 1916 infants born in 1955, it would therefore appear that 464 or 24.2 per cent. have been vaccinated. This is roughly the same proportion as in the previous two years.

Of the total number of vaccinations, 306 were carried out by the Local Authority Staff and the remainder by family practitioners.

HOME HELP SERVICE 1955

40

Month	Ante-natal Cases			Maternity Cases			Acute Cases			Chronic illness			Tubercular Patients			Total Cases attnd	Total Days w'ked
	Part time	whole time	Total cases attnd	Total days	Part time	whole time	Total cases attnd	Total days	Part time	whole time	Total cases attnd	Total days	Part time	whole time	Total cases attnd		
January	1	—	1	8	1	2	3	15	29	—	341	1019	4	—	4	378	1133
February	—	—	—	—	2	3	5	20	21	—	320	918	5	—	5	362	1042
March	1	—	1	6	—	4	4	29	42	—	329	1146	5	—	5	381	1308
April	1	—	1	4	—	2	5	30	41	—	330	936	6	—	6	383	1072
May	—	—	—	—	2	2	5	32	52	—	324	882	6	—	6	387	1045
June	—	—	—	—	6	6	7	44	53	—	328	848	6	—	6	394	1028
July	—	—	—	—	4	4	6	31	59	—	330	876	5	—	5	400	1029
August	—	—	—	—	1	1	3	18	53	—	329	832	5	—	5	390	974
September	1	—	1	9	3	4	7	38	45	—	328	1040	5	—	5	384	1176
October	—	—	—	—	3	2	5	24	38	—	327	966	4	—	4	374	1077
November	—	—	—	—	2	1	3	10	36	—	322	1118	4	—	4	365	1216
December	—	—	—	—	2	2	4	24	24	—	352	1014	4	—	4	384	1136

Total Individual Cases		Total Days Given	
Ante-natal	3	Ante-natal	27
Maternity	60	Maternity	315
Acute	160	Acute	1,133
Chronic	453	Chronic	11,595
Tuberculosis	8	Tubercular	166
	<u>684</u>		<u>13,236</u>



No cases of generalised vaccinia or post-vaccinal encephalitis came to light during 1956, nor was there any untoward sequel or complication of vaccination.

(b) *Immunisation against Diphtheria*

During 1955, 1,082 children under 5 years and 20 children of school age, a total of 1,102 children, completed a full course of immunisation. 2,066 school children received the 'booster' injection to stimulate the immunity mechanism.

The number of children under 5 who have been immunised against diphtheria represents 56 per cent. of the children born in the area during 1955.

731 complete inoculations against diphtheria were carried out by the Local Authority Staff and 371 by local general practitioners.

At the end of 1955, out of 9,300 pre-school children, 3,631 (39 per cent.) had been immunised, and out of 17,600 children aged 5-14 years 10,507 have completed a primary course of immunisation or had a 'booster' dose (59.6 per cent.).

Altogether then, 14,138 children have been protected against diphtheria out of 26,900 (52.5 per cent.)

During 1955, diphtheria was not prevalent. Prophylactics in use were mainly the combined diphtheria and whooping cough prophylactics of the Glaxo Laboratories, the A.P.T. preparation of Burroughs Wellcome and the P.T.A.P. of Parke Davis.

(c) *Immunisation Against Whooping Cough*

During 1955, 1,002 children were given a complete course of whooping cough prophylactic, using the combined vaccine in 996 instances and the whooping cough prophylactic alone in 6.

Of this number, 693 received their injections from local authority medical staff and 309 from the general practitioners of the area.

The following table is included to show the trend of whooping cough in relation to immunisation. There is no doubt of the decline of mortality in the years subsequent to the initiation of immunisation, but in view of the epidemic prevalence of 1955, it is difficult to estimate how far whooping cough immunisation is protective against an attack of the disease, although there is no doubt that previous immunisation greatly modifies the attack of the disease among the immunised children, so that it may sometimes be very difficult to identify the cough as being whooping cough.



## Trend of Whooping cough in relation to Immunisation

Year	Births	Completed immunisations	No. of Cases		No. of Deaths
			Total	No. who had completed immunisation	
1940	1951	—	131	—	3
1941	1853	—	793	—	22
1942	1835	—	89	—	1
1943	1917	—	435	—	8
1944	2219	—	301	—	2
1945	2097	—	220	—	2
1946	2614	—	356	—	4
1947	2756	756	349	—	11
1948	2439	920	334	38	1
1949	2265	1020	67	4	1
1950	2117	743	351	24	3
1951	2185	1082	231	17	0
1952	1993	501	246	21	0
1953	2033	1023	513	53	2
1954	1951	996	61	11	0
1955	1916	1002	520	56	0

Another way of assessing the trend of whooping cough as a result of immunisation is to tabulate the notifications and attack rates of whooping cough in children under 5 years, following the example of Dr. Burnett of Preston in his report for 1954.

The following table shows that on the average the risk of whooping cough in a child under 5 years is reduced by about one quarter as a result of previous immunisation :—

## Notification and Attack Rates of Whooping Cough in Children under 5 years

Year	Estimated Population	Total No. of notified cases	Attack Rate per 1000 of group population	No. of children under 5 immunised	Notified & verified as immunised cases	Attack rate per 1000 immunised	Deaths under 5 years
1946	9,000	276	30.7				4*
1947	9,930	272	27.4	685			11*
1948	10,203	260	25.4	1,555	9	5.7	1*
1949	10,540	54	5.1	2,284	3	1.3	1*
1950	10,890	224	20.6	2,786	11	3.9	3*
1951	10,920	171	15.6	3,130	16	5.1	—
1952	10,100	162	16.0	2,792	17	6.0	—
1953	9,700	356	36.7	2,904	34	11.7	2*
1954	9,600	44	4.6	3,020	3	.9	—
1955	9,300	345	37.	3,119	27	8.6	—

\* None of the fatal cases had previously been immunised.

## 9. Municipal Ambulance Service

In 1955, the only change worthy of remark was the initiation, through the ambulance service, of transport facilities for the mentally defective children attending the Gateshead Occupation Centre. To enable this to be done, a new vehicle of the clinic ambulance pattern able to carry roughly ten children at a time was purchased.

### *Establishment*

At the end of the year, the staff consisted of the Ambulance Officer, Mr. W. Barber, Assistant Ambulance Officer, Mr. J. Nesbit, three senior ambulance drivers, 22 ambulance driver/attendants, one ambulance clerk and one telephonist. All the men in the service are under compulsion to attend a first aid course of lectures and practical work and to pass the examination of the St. John Ambulance Association. Failure to pass the test disqualifies for the additional remuneration which is paid to drivers holding first aid qualifications.

Early in 1956, Mr. W. Barber, Ambulance Officer, who was responsible for the original organisation of the comprehensive municipal ambulance service in 1943, is due to retire on superannuation. It would be ungracious to pass the occasion without paying tribute to his devoted years of service in building up and administering facilities which have been a pattern for many of the surrounding areas. Thanks largely to his efforts, Gateshead has always been well to the fore in the many developments and improvements which have taken place in the scope and operation of the ambulance service.

### *Cost of the Service in 1955*

The annual cost of the service was £29,085, as against £26,140 in 1954. Revenue from other authorities for return journeys from Gateshead hospitals amounted to £3,100, as against £2,900 in the previous year. The net cost of the service to Gateshead was, therefore, £25,230 compared with £22,310 in 1954. Charges made to other authorities are 3/- a mile for a stretcher ambulance and 1/6d. a mile for a sitting-case car, these charges being based on an actuarial report of the Borough Treasurer.

### *Work of the Service in 1955*

The following summarises the work of the ambulance service carried out during the year :—

	<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Transport to and from Hospital by Stretcher Ambulance .....	26,946	5,974	80,417
Transport to and from Hospital by Car .....	3,041	684	27,321
Transport to and from Hospital by Clinic Ambulance .....	21,381	1,862	47,012
Inter-hospital and inter-departmental transport (disinfections 144) .....		1,743	10,645
Midwives' transport and transport of analgesia apparatus .....		1,348	8,509
	<u>51,368</u>	<u>11,611</u>	<u>173,904</u>



**Transport chargeable to Other Authorities (included in above)**

	<i>Patients</i>	<i>Journeys</i>	<i>Miles</i>
Ambulance .....	2,110	1,691	14,323
Sitting case car .....	547	515	11,817
	<u>2,657</u>	<u>2,206</u>	<u>26,140</u>
Petrol consumption in gallons .....		14,088	
Petrol issued by Other Authorities (gallons) .....		4	
Petrol issued to Other Authorities (gallons) .....		61	

Arrangements were made for the transport of 10 patients by rail, involving a total distance of 1,760 miles.

*Vehicles*

The service consisted of 7 stretcher ambulances, 3 clinic ambulances, 3 sitting case cars, 1 utility van, and 2 obsolete civil defence ambulances.

**Patients carried and Mileage completed since the inception of the Service**

<i>Year</i>	<i>Patients</i>	<i>Miles</i>
1944		31,848
1945		53,080
1946		65,655
1947		79,979
1948		105,702
1949	27,576	149,557
1950	30,117	170,686
1951	29,820	172,806
1952	32,147	173,218
1953	43,702	171,576
1954	44,130	171,436
1955	51,368	173,904

**10. Prevention of Illness, Care and After-Care.***(a) Tuberculosis*

The Invalid Care Sub-Committee of the Council, fully representative of the voluntary organisation in being before the National Health Service Act came into force, takes charge of the arrangements for the prevention, care and after-care of tuberculosis. The main centre for this activity is the old tuberculosis dispensary in the grounds of Greenesfield House, which is completely out of date as a chest clinic but must still be used for that purpose until alternative arrangements can be made. The chest clinic, of course, covers, from the diagnostic and curative point of view, the adjacent area of Felling. The chest physicians work in close co-operation with the Gateshead local authority medical and nursing staff in the work of case finding, supervising contacts, B.C.G. immunisation of non-infective contacts and the follow-up of tuberculin reactors among the entrant school population. Epidemiological enquiries are made in the first instance by the tuberculosis nurses who are employed by the local authority, and the follow-up care of the infected household and the patient is carried out mainly by the district health visitor. A very close liaison is maintained with the rehabilitation officer of the local exchange of the Ministry of Labour. Although there are no workshops, settlements or night sanatoria available for tuberculous patients, non-infective quiescent cases of pulmonary disease are sent for rehabilitation to the Felling Centre, and in most cases the recovering patient is satisfactorily re-established in remunerative employment.



There is, however, great difficulty in rehousing the tuberculous families who have to take their place in the queue of applicants, their applications, however, being loaded by a generous addition of points so that they rank high in the priority cases. For information as to the details of the tuberculosis scheme, reference should also be made to the report of the chest physicians given under the section of this report dealing with the prevention and treatment of disease.

The following table of the relative statistics of tuberculosis over the last 23 years is illustrative of the very sharp decline in the number of deaths from pulmonary tuberculosis that could be said to have started in 1949 as a result of the introduction of streptomycin. The addition of other antibiotics has cleared up one fear previously expressed, which was that the use of streptomycin in the advanced cases was liable to prolong the life of the incurable subject and permit him to disseminate his infection much more widely. This hypothesis, which was well founded, seems to have been shattered by the introduction of other anti-tuberculosis remedies notably Isoniazid. Treatment of the disease by injections of streptomycin accompanied by the oral administration of Isoniazid, has made even the chronic tuberculosis cases if not altogether non-infectious at least much less infectious. Together the two drugs given for a long time almost certainly do for the chronic cases of tuberculosis what the physical and surgical methods of treatment set out to do, namely produce a great amelioration in the tuberculous condition of the patient combined with a great reduction of infectivity. Drug resistance on the part of the bacilli in these properly treated chronic cases does not seem to have been the problem that was formerly anticipated.

#### Chest Clinic Statistics of Gateshead 1933-1955

	<i>Pulmonary notifications</i>	<i>Pulmonary deaths</i>	<i>T.B.—</i>	<i>T.B.+</i>	<i>Total</i>
1933	283	140	86	136	222
1934	293	135	121	114	235
1935	203	129	70	86	156
1936	201	104	80	106	186
1937	178	118	68	95	163
1938	208	115	72	100	172
1939	183	119	77	101	178
1940	206	129	65	92	157
1941	207	128	93	75	168
1942	208	107	89	107	196
1943	219	106	90	111	201
1944	244	122	125	106	231
1945	218	98	103	99	202
1946	228	75	111	108	219
1947	237	93	119	107	226
1948	232	99	128	98	226
1949	250	91	157	91	248
1950	220	64	139	83	222
1951	227	47	152	74	226
1952	256	45	159	84	243
1953	266	29	155	112	267
1954	201	38	115	86	201
1955	166	23	105	61	166

At the end of 1955 the Gateshead Chest Clinic register contained the names of 1,260 persons, 1,134 of whom were cases suffering from the pulmonary form of the disease and 126 persons suffering from non-pulmonary disease. The pulmonary cases included 539 males, 453 females and 142 children, and the non-pulmonary cases included 37 males 40 females and 49 children. In further comment, it may be said that the number of notifications of pulmonary tuberculosis in 1955 continues the tendency to fall, which was first noticed last year. This is a very welcome sign, which is all the more gratifying when taken into consideration with the declining number of infectious cases of tuberculosis that are being discovered.

It must be noted that the emphasis of the preventive scheme must be on case finding, on the ascertainment of the infectious cases in the community and their effective isolation from the community while they are being treated with the new drugs in order to render them non-infective. In a number of cases it is difficult to secure the full co-operation of the patient in regard to stay and treatment in the tuberculosis wards of a hospital or sanatorium, and popular opinion must surely begin to emphasize that for the sake of the community the infectious case of tuberculosis must be prevented from spreading the disease. There is a section of the Public Health Act, which permits local action being taken with the infectious case who is careless of precautions, but it was always difficult to find an institution willing to take such a person as a patient because of his unruly behaviour and the unsettling effect of this on other patients. It was also a great infringement of the liberty of the subject and most local authorities were loath to put a chronic infectious case into compulsory detention because of the fact that very little could be done for them. With the change in the position resulting from the availability of the new drugs, it is suggested that the Local Authority should begin to exercise the fullest legal pressure on recalcitrant infectious patients.

#### *B.C.G. Vaccination of Contacts*

During the year, 1,052 young domestic contacts of cases of tuberculosis were tested for their tuberculin reaction, along with three others who had not been in contact with the disease. 747 of these individuals proved already to have been infected, as did the three other contacts who had not been in direct contact with the disease. Of the 305 negative reactors, 251 were submitted to B.C.G. Vaccination.

#### *B.C.G. Vaccination of School Children*

The scheme for the B.C.G. vaccination of school children in the 14th year was started in 1954, when 544 children were tested and 180 proved to be positive tuberculin reactors. Most of these children were referred to miniature x-ray examination at the local mass x-ray unit but no active case of tuberculosis was discovered. 364 children were found to be suitable for B.C.G. vaccination and of these 162 had already been given a course of injection by the end of 1954. Satisfactory tuberculin conversions were attained in 101 out of 111 cases. In 1955 this work was continued, so that the number of children born in 1940 who were vaccinated was brought up to 273 by submitting a further 111 children ascertained to be suitable in the previous year. Among the children born in 1941, 1,585 were offered vaccination. 1,038 accepted, 948 were tested by



the tuberculin test and 293 gave positive reactions (30 per cent.). There were thus 655 children born in 1941 who were eligible for B.C.G. vaccination, and 614 of these had completed the course by the end of the year. 214 of the reactors were x-rayed and in 208 instances the chest x-ray was normal, the exceptional cases including one child notified as suffering from pulmonary tuberculosis and 5 others with calcified or inactive lesions.

For many reasons it was felt desirable in connection with the B.C.G. vaccination scheme for all the children to be x-rayed prior to the tuberculin testing, but in view of the very low yield of cases of active tuberculosis from school children it was felt to be a waste of miniature x-ray facilities to use the units in this way. The alternative procedure was therefore adopted with the sanction of the Education Committee, namely that children proving to be positive reactors to the tuberculin test are submitted for x-ray examination where the parents exercise the necessary initiative.

Every effort is being made to improve the social and housing conditions of infectious cases of tuberculosis. According to the return made to the Ministry of Health, there were 111 infectious cases of tuberculosis in the Borough, 78 men, 30 women and 3 children. This is a considerable reduction on previous estimates, as it is among this group that the known "chronic infector pool" is to be found. The chest physicians are devoting much time to the ascertainment of the position of these "infectors" in the community, and it is hoped that an up-to-date appreciation of the position will appear in the annual report of next year.

In 1955, 52 special recommendations were made to the local housing department for priority of rehousing. Only 23 families, however, were so dealt with during the year, and this was only 4.8 per cent. of the 473 corporation houses which were let to new tenants during 1955.

A further service given to the tuberculous case is assistance with clothing and the supply of invalid aids. The help given is noted below :—

#### **Clothing Issued**

	<i>Assistance given</i>			
People assisted 12	Pyjamas	.....	.....	10
	Slippers	.....	.....	2
	Boots or shoes	.....	.....	1
	Shirts	.....	.....	2
	Underwear	.....	.....	7 items
	Nightdresses	.....	.....	5
	Baby's coat	.....	.....	1
	Baby's pull-ups	.....	.....	1
	Bootees	.....	.....	1
	Unspecified	.....	.....	1

#### **Invalids Aids Issued**

Cases — 17	Blankets	.....	.....	13
	Pillow Slips	.....	.....	2
	Back rests	.....	.....	2
	Air rings	.....	.....	4
	Sputum mugs.....	.....	.....	3
	Urinals	.....	.....	3
	Bedpans	.....	.....	5
	Mattresses	.....	.....	5
	Iron bedsteads	.....	.....	3
	Bed cradle	.....	.....	1
	Flannelette sheets	.....	.....	8



In addition to the foregoing, several other cases were specially considered by the Committee in relation to their financial circumstances before the clothing was supplied. In all cases the Committee granted the supply of clothing.

The Invalid Care Committee administers a voluntary fund for the tuberculous and takes part in the Xmas Seals Scheme sponsored by the National Association for the prevention of Tuberculosis. The money accumulated has been used to give help in cases where financial assistance has been required, and in particular to send 5/- to every tuberculous patient in hospital at Xmas and a voucher for groceries to the value of £1 to the households of incapacitated tuberculous patients. Altogether, a sum of £177 10s. 0d. was disbursed in 1955.

During the year 82 patients were placed in light employment with various firms through the District Resettlement Officer of the Ministry of Labour, 37 others were sent to the Felling Rehabilitation Centre for training, and one man was directed to Leeds Training Centre as a motor mechanic.

The co-operation of the Assistance Board is specially acknowledged in the matter of financial help to tuberculous families. As a rule, any special cases that arose were promptly handled by the Board's officers.

#### (b) *Venereal Diseases*

The special clinic conducted at the Newcastle General Hospital continues to make use of the health visiting service of the Local Authority in the tracing of contacts and defaulters. The work is usually carried out by the Superintendent Health Visitor in person.

#### *Contacts*

During 1955, only 2 notifications of contacts were received, both having reference to gonorrhoea. One of these was traced, diagnosed and treated, but in the other case efforts to locate the contact failed because of the lack of identifying particulars.

#### *Defaulters*

61 individual cases were followed up with a total of 200 visits. 60 of these suffered from syphilis and one from gonorrhoea. The syphilitic defaulters included 3 children whose parents were reminded of the necessity to secure the attendance of the children for follow-up.

#### (c) *Invalid Aids*

The work of dispensing the invalid aids is shared by the Supervisor of Home Helps and the Matron of the Gateshead District Nursing Association. Assistance was given in 338 instances as follows :—

Bed pans	.....	110
Back rests	.....	89
Rubber sheets	.....	73
Air rings and sponge rings	.....	86
Commodore	.....	11
Urinals	.....	50
Pr. Crutches	.....	3
Feeding Cups	.....	2
Iron bedsteads	.....	7
Mattresses—Hair	.....	7
Bed cages	.....	5
Wheel chairs	.....	19
Spinal carriages	.....	1
Hot water bottles	.....	2
Bed cradles	.....	3
Mattresses—sorbo	.....	22
Overlay	.....	1

(d) *Convalescent Holiday Treatment*

Convalescent holiday treatment for invalids continues to be arranged by the local authority for persons who are recommended this form of therapy by their own doctors and who are unable otherwise to obtain such treatment. During the year 38 applications were received and dealt with as follows.

- 21 cases were admitted to the Proctor Memorial Home, Shotley Bridge.
- 1 case was admitted to Shoreston Hall, Seahouses.
- 3 cases were admitted to the Rose Joicey Convalescent Home, Whitburn.
- 2 cases were admitted to the Seabright Convalescent Home, St. Annes-on-Sea.
- 5 cases were admitted to the Silloth Convalescent Home, Silloth.
- 6 applications were withdrawn at the request of applicants.

The cost of the service was £227 8s. 7d., and the sum of £17 5s. 4d. was assessed as recoverable. Actually £14 18s. 0d. had been recovered by the end of the year, and one account for the sum of 4/- was written off. 3 cases were assessed as liable to pay the full cost, 3 part of the cost and in 26 cases no charge was made. There was a danger that when this service was instituted there might be a growing annual demand, but the position has been carefully watched, and the table given below, summarising the service since its inception, suggests a stabilisation of between 40-50 applicants in each year.

<i>Accommodated</i>			<i>Cost of Service</i>			<i>Amount Recoverable</i>		
			£	s.	d.	£	s.	d.
1949	30 cases made application	23	113	15	0	36	2	10
1950	19 cases made application	17	131	17	2	18	12	7
1951	43 cases made application	37	199	10	0	54	5	4
1952	47 cases made application	38	210	9	4	35	4	5
1953	50 cases made application	41	235	16	0	28	7	0
1954	55 cases made application	38	269	15	5	90	0	1
1955	38 cases made application	32	227	8	7	17	5	4

## 11. Mental Health

(a) *Administration*

The work under Part III of the National Health Service Act is carried out by three duly authorised officers acting under the general supervision of the Medical Officer of Health and taking the instructions of a mental



welfare sub-committee of the local health authority. Clinical advice in regard to cases of mental illness is usually obtained by telephonic communication with the Medical Superintendent of St. Mary's Hospital Stannington, Dr. J. Justice. In the care of mental defectives Dr. G. McCoull, the Medical Superintendent of Prudhoe and Monkton Hospital assists greatly by holding regular clinical sessions in the health department at which he sees individual mental defectives and assesses their priority for institutional accommodation where he thinks this is necessary. Dr. McCoull also makes use of his hospital as an observation centre and has admitted a number of patients for assessment at the prognosis unit.

The personnel of the Mental Welfare Sub-Committee is as follows :—

<i>Chairman</i> : Ald. P. S. Hancock, O.B.E.	
Ald. J. T. Etherington	Coun. Mrs. M. Bell
„ W. F. Barron	„ A. Crossley
„ J. Hutchison	„ Mrs. A. Hutchison
„ B. N. Young	„ Mrs. A. E. Jewitt
Coun. R. N. Baptist	„ J. W. Morris

(b) *Staff*

During 1955, the senior duly authorised officer, Mr. Askew, became ill, and the department for some time was represented by only one active officer. At the end of the year steps were being taken by the Committee to improve this position and provide for three active officers to share this work which must be serviced to cover all hours of the day and all the days of the week.

The occupation centre for mental defectives was staffed by a duly qualified supervisor and two assistants at the end of the year.

(c) *Co-ordination with Regional Boards and Hospital Management Committees*

The difficulty in this regard is not in obtaining co-ordination but in obtaining vacancies for patients, both mental defectives and those who are suffering from senile mental breakdown.

(d) *Voluntary Associations*

There are no voluntary associations working on behalf of the local authority in this area.

(e) *Training of New Staff*

No arrangements have been made for the training of new staff.

*Mental Illness*

In 1955, 327 persons who were mentally ill were investigated by the duly authorised officers. Of this number 287 were admitted to St. Mary's, 35 for certification under the Lunacy Acts and 252 as voluntary patients. Of the remaining 40 individuals dealt with 11 were admitted to other mental hospitals, 12 were admitted to the local general hospital, 3 elderly



senile patients were admitted to Fountain View Welfare Hostel and 14 patients were helped through the Home Help Service and were able to continue in their home under supervision. This supervision, at the end of the year, was still being maintained in 7 cases. The number of visits made in connection with mental illness totalled more than 700.

### *Mental Deficiency*

During 1955, 35 defectives over the age of 16 years (16 males and 19 females) were ascertained, as were also 12 defective children (5 boys and 7 girls). Of these, only the children and 7 of the adults were suitable for action to be taken. 5 boys and 6 girls were children notified by the local education authority as ineducable. One boy was ascertained on his leaving a special school and one girl on leaving ordinary school. 2 boys were referred by the police and 4 from other sources. In addition some 14 boys and 14 girls, who were regarded as potentially feeble-minded and who left school were put on the list for further supervision, although not regarded as subject to be dealt with at the end of the year.

12 children, 2 males and 5 females over 16 were dealt with as follows: 5 boys and 7 girls and one female over 16 were placed under statutory supervision, while 2 males and 4 females over 16 years of age were admitted to hospitals.

14 boys and girls who left school and were now 16 years were placed under voluntary supervision.

At the end of 1955, the register contained the names of 432 defectives an increase of 37 over the previous year, mainly due to the policy of listing children with a low intelligence quotient who had completed school life.

199 defectives were in hospitals for defectives, 18 were in 'places of safety' and 7 were under guardianship. 141 defectives were under statutory supervision in their own homes and 67 under voluntary supervision.

### *Occupation Centre, St. Columba's Hall*

33 of the defectives in the Borough are considered to be suitable for training at the occupation centre, which, at the end of the year, was functioning at St. Columba's Hall, but only 30 were actually in attendance. Considerable difficulty has been experienced in securing the regular attendance of all the children at the centre. Accordingly, the Local Authority decided to provide bus transport as from January 24th, 1955, and to purchase a special clinic ambulance so as to enable the transport of the defectives to the centre to be provided through the municipal ambulance service. This was actually done on the 6th June, 1955. As a result of the provision of transport the attendances were greatly increased, so that 4,744 were recorded out of a possible 5,190.

The population in the centre, which also has received cases from Durham County, is made up of 14 boys and 12 girls under 16 years of age, together with 2 boys and 4 girls over this age. The children have settled well into the routine of centre instruction. In mentality, they are mostly of middle and lower grade and the parents are appreciative of the relief afforded to the home by the reception of these children into the

centre. The parents have supported very well indeed the various functions such as the open days which are held in the centre.

Medical and dental inspection has been carried out, and as a result 11 children have been treated by the local authority dental staff. No cases of infectious disease occurred in 1955 among the children at the centre, who receive their school dinners on the premises and also consume a regular measure of milk through their inclusion in the school milk scheme. The cleanliness of the children needed attention in some instances, and occasionally the children were sent with their clothing unkempt or unclean.

St. Columba's Hall is a building used jointly by the church and by the local authority. The church authorities made use of the building for their clubs and social work, and also let the premises to private persons for social events such as weddings. Certain difficulties arose from this joint use of the premises and the local authority decided that it would be much better to transfer the occupation centre to the relatively unoccupied Old Fold Day Nursery. This decision would do much to satisfy the Inspectors of the Board of Control who visited the centre in October, 1955, and expressed considerable dissatisfaction with the state of the premises. As a result of this experience one lesson has been learned and that is that the joint use of a building by two organisations under two different authorities is never likely to give satisfaction to either party. The church authorities themselves were not culpable but in these days of shortage of labour they found it almost impossible to make satisfactory caretaker arrangements.

The following table reproduces the statutory return made to the Ministry of Health with reference to the position of mental defectives at the end of 1955 :—

		<i>Under age 16</i>		<i>Age 16 and over</i>	
		M.	F.	M.	F.
<b>1. Particulars of cases reported during 1955</b>					
(a)	Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with" Number in which action taken on reports by :—				
	(1) Local Education Authorities on children				
	(i) While at school or liable to attend school .....	5	6	—	—
	(ii) On leaving special schools .....	—	—	—	1
	(iii) On leaving ordinary schools .....	—	1	—	—
	(2) Police or Courts .....	—	—	2	—
	(3) Other sources .....	—	—	—	4
(b)	Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground .....	—	—	14	14
(c)	Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b) .....	—	—	—	—
TOTAL		5	7	16	19



		<i>Under age 16</i>		<i>Aged 16 and over</i>	
		M.	F.	M.	F.
<b>2. Disposal of cases reported during 1955</b>					
(a)	Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1(a), number				
(i)	Placed under Statutory Supervision .....	5	7	—	1
(ii)	Placed under Guardianship .....	—	—	—	—
(iii)	Taken to "Places of Safety" .....	—	—	—	—
(iv)	Admitted to Hospitals .....	—	—	2	4
(b)	Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1(b), number				
(i)	Placed under Voluntary Supervision .....	—	—	14	14
(ii)	Action unnecessary .....	—	—	—	—
TOTAL .....		5	7	16	19
<b>3. Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1955 and admitted to</b>					
(a)	National Health Service Hospitals .....	—	—	—	—
(b)	Elsewhere .....	—	—	—	—
TOTAL .....		—	—	—	—
<b>4. Total cases on Authority's Registers at 31/12/55</b>					
(i)	Under Statutory Supervision .....	20	15	67	39
(ii)	Under Guardianship .....	—	—	3	4
(iii)	In "Places of Safety" .....	—	—	7	11
(iv)	In Hospitals .....	10	13	73	103
(v)	Under Voluntary Supervision .....	—	—	35	32
TOTAL .....		30	28	185	189
<b>5. Number of defectives under Guardianship on 31st December, 1955, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913. (Included in 4(ii))</b>					
		—	—	—	—
<b>6. Classification of defectives in the Community on 31/12/55 (according to need at that date)</b>					
(a)	Cases included in 4(i)—(iii) in need of hospital care and reported accordingly to the hospital authority				
(1)	In urgent need of hospital care :—				
(i)	"cot and chair" cases .....	—	—	—	—
(ii)	ambulant low grade cases .....	1	—	—	—
(iii)	medium grade cases .....	—	—	1	—
(iv)	high grade cases .....	—	—	—	—
Total urgent cases .....		1	—	1	—
(2)	Not in urgent need of hospital care :—				
(i)	"cot and chair" cases .....	—	—	—	—
(ii)	ambulant low grade cases .....	1	1	—	—
(iii)	medium grade cases .....	3	2	1	—
(iv)	high grade cases.....	—	—	—	—
Total non-urgent cases .....		4	3	1	—
TOTAL .....		5	3	2	—



(b) Of the cases included in items 4(i), (ii), and (v), number considered suitable for :—

(i) occupation centre	.....	.....	.....	13	14	2	4
(ii) industrial centre	.....	.....	.....	—	—	12	—
(iii) home training	.....	.....	.....	—	—	—	—
TOTAL				13	14	14	4

(c) Of the cases included in 6(b), number receiving training on 31/12/55 :—

(i) In occupation centre	.....	.....	.....	13	11	2	4
(ii) In industrial centre	.....	.....	.....	—	—	—	—
(iii) At home	.....	.....	.....	—	—	—	—
TOTAL				13	11	2	4

Para. 6. Circ. 1/56, Cases in which action was taken to secure the withdrawal of reports of ineducability

Nil.

## 12. Priority Dental Services

### Report of the Chief Dental Officer.

#### Treatment of Expectant and Nursing Mothers and Children under Five Years

All forms of dental treatment were carried out for the above classes of patient at the Authority's Health Centre. Mrs. I. F. Jones, L.D.S., R.C.S., resigned in August, 1955, but her position was filled by Mr. W. McIntyre, B.D.S., during the same month. The new Carr Hill Clinic opened for treatment in the early part of 1955, as was expected but the dental officer strength was only maintained at its previous level. All efforts to increase strength failed through complete lack of applicants for the post.

#### (a) Dental Inspection or Examination

The procedure used in previous years was again used, and of the number of expectant and nursing mothers examined, approximately 40 per cent. elected to have treatment by private practitioners.

The periodic inspection of the children under five years was, once again, confined to those attending the Authority's Nursery Schools and Resident Nurseries, the remaining inspections being those done for children brought to the clinic when in dental trouble. Consequently the number requiring treatment, 76.8 per cent., is quite high, and of these 86.5 per cent. accepted and received treatment.

#### (b) Dental Treatment

Facilities exist for a comprehensive dental treatment to be given. From the number of expectant and nursing mothers examined 51.1 per cent. were found to be in need of dental treatment. Of this number 60.6 per cent. accepted and received treatment. This figure compares with the 1954 figure of 65.4 per cent. accepting treatment, a decrease of 4.8 per cent. There were 48 sessions for inspection and 208 sessions for treatment.

In addition to the dentures fitted, as shown in the appended table, 23 dentures were repaired.

(c) *Arrangements for the Provision of Dentures*

All denture work is carried out in the Health Centre's Dental Laboratory, which is staffed by one senior and one assistant dental technician.

(d) *Facilities for X-ray Examination*

These facilities exist both at the Authority's Health Centre and at Carr Hill Clinic, and X-rays are taken as and when they are found to be necessary. 24 X-rays were taken for these services during the year.

Tables recording treatment given to Priority Dental Services are appended.

**A. Numbers Provided with Dental Care**

	Examined	Needing treatment	Treated	Made dentally
Expectant and Nursing Mothers .....	1,573	804	488	306
Children under 5 years .....	432	332	364	347

**B. Forms of Dental Treatment Provided**

	Scaling and gum treatment	Fillings	Silver Nitrate	Crowns or inlays	Extraction	General anaesthetics	Dentures Provided		X-rays
							Full upper or full lower	Part upper or part lower	
Expectant and Nursing Mothers	272	213	—	2	1287	164	164	85	22
Children under 5 years .....	5	7	—	—	777	371	—	—	—

**13. Orthopaedic Treatment** (Report by Mr. A. E. Bremner, F.R.C.S.)  
21 orthopaedic clinics were held at Greenesfield Health Centre during 1955.

*New Cases*

131 new cases were examined; of these 78 were school children who made 110 visits and 53 were children under school age who made 79 visits.

*Cases already under Treatment*

In addition, 106 old cases made 165 visits to the orthopaedic clinic. Of these, 82, were school children who made 134 visits, and 24 were children under school age who made 31 visits.

*Summary of Defects*

						<i>New cases</i>	<i>Old cases</i>	<i>Visits</i>
<b>Congenital Defects</b>								
Congenital amputations	.....	.....	.....	.....	.....	—	1	2
Erb's Palsy	.....	.....	.....	.....	.....	—	2	3
Torticollis	.....	.....	.....	.....	.....	5	6	16
Deformities	.....	.....	.....	.....	.....	1	7	9
						—	—	—
						6	16	30
						==	==	==
<b>Deformities of Feet</b>								
Flat feet.....	.....	.....	.....	.....	.....	21	18	65
Hallux valgus	.....	.....	.....	.....	.....	—	1	2
Equino varus	.....	.....	.....	.....	.....	—	2	2
Pes cavus	.....	.....	.....	.....	.....	1	—	2
Adduction deformity	.....	.....	.....	.....	.....	11	10	31
Abnormal metatarsal joints	.....	.....	.....	.....	.....	3	—	5
Cavus deformity	.....	.....	.....	.....	.....	1	—	1
Hypertrophy great toes	.....	.....	.....	.....	.....	1	—	2
Eversion	.....	.....	.....	.....	.....	4	2	6
						—	—	—
						42	33	116
						==	==	==
<b>Diseases of Bones and Joints</b>								
Osteogenesis imperfecta	.....	.....	.....	.....	.....	1	—	2
Osgood-Schlatter's Disease	.....	.....	.....	.....	.....	1	1	5
Old rickets	.....	.....	.....	.....	.....	1	—	2
						—	—	—
						3	1	9
						==	==	==
<b>Nervous Diseases</b>								
Diplegia	.....	.....	.....	.....	.....	—	2	3
Hemiplegia	.....	.....	.....	.....	.....	1	6	13
Monoplegia	.....	.....	.....	.....	.....	—	1	2
Paraplegia	.....	.....	.....	.....	.....	1	2	5
Quadroplegia	.....	.....	.....	.....	.....	—	1	2
Sequelae to poliomyelitis	.....	.....	.....	.....	.....	3	2	7
Cerebral palsy	.....	.....	.....	.....	.....	1	1	5
Hemiparesis	.....	.....	.....	.....	.....	—	2	2
						—	—	—
						6	17	39
						==	==	==
<b>Postural Defects</b>								
Scoliosis	.....	.....	.....	.....	.....	1	5	12
Defective posture	.....	.....	.....	.....	.....	2	—	4
						—	—	—
						3	5	16
						==	==	==
<b>Post-Rachitic Deformities</b>								
Knock knees	.....	.....	.....	.....	.....	20	9	41
Bow legs	.....	.....	.....	.....	.....	7	5	14
						—	—	—
						27	14	55
						==	==	==



**Miscellaneous**

Exostosis .....	—	1	2
Shortening of leg .....	1	6	15
Webbed fingers.....	—	1	1
Old fracture .....	2	2	6
Muscular dystrophy .....	1	—	1
Friedreich's ataxia .....	—	1	3
Limp .....	1	—	1
Pain in feet .....	4	—	5
Feet turning in .....	—	1	1
Prominent navicular .....	2	—	4
Cartilaginous nodule .....	—	1	1
Wasting calf .....	—	3	6
Wasting deltoid .....	—	1	1
Paralysis leg .....	—	1	2
Post Tubercular Meningitis .....	1	—	1
Nil abnormal .....	32	2	39
	—	—	—
	44	20	89
	==	==	==

*Appliances*

13 school children were recommended appliances; 13 were supplied.  
2 pre-school children were recommended appliances; 2 were supplied.

Alterations to shoes (valgus wedges) were carried out during the year as follows :—

Education .....	75 cases
Maternity and Child Welfare .....	55 cases

*Treatments*

In the Queen Elizabeth Hospital there were 22 operations performed on pre-school children during the year and 53 on school children.

*Physical Treatments*

A qualified physiotherapist attends the Cedars Special School for Physically Handicapped Children, the Joicey Road Open Air School and the Greenesfield Health Centre, and gives individual attention to defective children. The following is her report :—

*The Cedars Special School*

Working 3 3-hourly sessions per week, the cases tabulated below were given treatment during the year. The children requiring treatment have courses of treatment and then rest for about 4 months unless otherwise requested by the specialist. Apart from three cases, each child was treated individually.

	No. of patients	No. of treatments
Old Polio .....	6	138
Cerebral palsy		
(a) Spastic hemiplegia .....	5	126
(b) Spastic diplegia .....	4	169
(c) Tension athetoid quadriplegia .....	1	26
Bronchitis .....	3	17
Miscellaneous .....	8	180
	—	—
	27	656
	==	==

*Greenesfield Clinic*

In a number of cases poor attendance made it very difficult to get any continuity of treatment. In all cases, apart from the foot class, the children were treated individually. Three children were brought only once monthly so that progress could be checked and instruction given to the mother in further treatment to be carried out at home. Working one session of 3 hours per week, the following cases were treated :—

	No. of cases	No. of treatments
Hydrocephalus .....	1	3
Old poliomyelitis .....	3	26
Cerebral palsy		
(a) Spastic hemiplegia .....	2	22
(b) Spastic diplegia .....	1	14
Poor posture .....	1	13
Foot class .....	15	84
Miscellaneous .....	11	89
	<hr/> 34	<hr/> 251

'Miscellaneous' includes cases where there is no definite diagnosis and also includes children from the Open Air School and the Cedars Special School who required treatment during school holidays.

*Open Air School*

Working one session of 3 hours per week the children were given courses of treatment lasting 6-8 weeks, and refresher courses were given when required.

The mothers were instructed in the technique of the exercises and were told the importance of regular practice of exercises at home. The mothers have been, on the whole, very co-operative. The following cases were treated during the year :—

	No. of cases	No. of treatments
Bronchiectasis .....	5	76
Asthma .....	17	146
Miscellaneous .....	7	76
	<hr/> Total 29	<hr/> 298

*Foot Conditions*

Treatment of the foot and ankle also toe deformities is carried out mostly in classes. The length of treatment varies with the severity of the condition. In some cases more than one course of treatment is necessary.

	Patients	Treatments
Pes planus .....	340	1,809
Pes valgus .....		
Pes cavus .....		
Adduction deformities of toes .....		

**Postural Defects**

	Patients	Treatments
Scoliosis .....	10	72
Kyphosis .....	24	158
Lordosis .....	15	101
Poor posture .....	26	183
	<hr/> 75	<hr/> 514

**Chest Conditions**

	<i>Patients</i>	<i>Treatments</i>
Bronchiectasis .....	8	75
Atelectasis .....	16	125
Recurrent bronchitis .....	7	54
Catarrhal changes .....	3	20
Asthma .....	20	170
Rhonchi chest .....	4	43
Mouth breathing .....	2	10
Poor thoracic posture .....	3	20
Harrison's Sulcus .....	1	7
Irregularity right lower lobe .....	1	19
Opacity right mid lobe .....	1	14
	<hr/> 66	<hr/> 557

*Report of the Remedial Gymnast*

The Remedial Gymnast attended Greenesfield Clinic seven sessions per week, and gave the following treatments, individual and in classes, as listed :—

	<i>Patients</i>	<i>Treatments</i>
<b>Cerebral Palsy</b>		
Spastic hemiplegia .....	3	76
<b>Traumatic Injuries</b>		
Fractures of lower limbs .....	6	49
Condylar Fractures .....	6	46
Fractures and dislocations (fingers) .....	2	11
Bilateral amputation (above knee) .....	1	17
<b>Tendon and Soft Tissue Injuries</b>		
Effusion of knee .....	5	51
Low Back strain .....	1	6
Lacerations .....	3	14
<b>Miscellaneous</b>		
Torticollis .....	2	29
Post poliomyelitis .....	3	48
Osgood-Schlatter's Disease .....	1	5
	<hr/> 33	<hr/> 352
<b>Pre-school children</b>		
Torticollis .....	3	34
Congenital dislocation of hip .....	1	20
Tendon injury .....	1	20
Re-education in walking .....	1	3
Foot conditions .....	4	55
	<hr/> 10	<hr/> 132

**14. Health Education**

Much of what is recommended as health propaganda is directed to the converted. In this Borough the greatest emphasis is placed on conveying education in matters of health through the contact of officers and nurses of the health department with the families concerned. The health visitors play a great part in securing the immunisation and vaccination of young children through this means.



Overt propaganda is made use of in the corporation clinics where exhibition stands supplied by the Central Council for Health Education are used to illustrate various topics in an effort to put across a lesson such as the necessity for cleanliness in the handling of food. Birthday Cards are used to reinforce the personal contact of health visitors with the mothers of young children, and the Empire Marketing Boards are made use of to display groups of notices issued from time to time by the Central Council for Health Education. The journal "Better Health" is bought, and copies distributed free of charge to the mothers attending the Corporation clinics.

One unusual effort at health education was carried out in the Civic Exhibition which was held during the week beginning 12th November and the following week. The various departments of the Corporation, including the health department, had space allotted to exhibit the kind of work that was done under their aegis. The health department was fully represented by interesting exhibits from the sanitary inspectors' department, illustrating food hygiene, atmospheric pollution and disinfection, the general public health office illustrated the control and prevention of infectious diseases and the statistical studies that were made of the health progress of the people, and the health visitors and school nurses illustrated their section of the work of the health department. A very interesting exhibit on dental health was arranged by the dental officers, and included a set display borrowed from the Dental Board of the United Kingdom, and propaganda supporting local schemes for miniature x-ray and B.C.G. vaccination to prevent tuberculosis was fully displayed. In the display there were visual allusions to the work of the midwives and district nurses provided through the local authorities and a certain number of invalid aids were on show. Illustrations of the health exhibition are included in the report.

Various members of the staff from time to time have given lectures to various bodies on matters of health. For instance, the Medical Officer of Health talked to the special school teachers on poliomyelitis and also gave a lecture and refresher course for ward sisters on the organisation of public health and to the Institute of Hospital Administrators on the design and construction of hospitals.

#### **15. Problem Families** (Report by Dr. M. B. Herbst)

A few more problem families have been dealt with during this year, the primary aim always being to keep the family together and to educate both parents and children in a better way of living.

It has been noticed that a great many of the parents of problem families marry very young, the wife is usually under the age of twenty and often neither husband nor wife is sufficiently mature mentally to manage all the problems of a household, because they have had no training in housekeeping or the management of money ; it is not surprising that the problems become too much for the young wife.

The home helps, who are put into the households, endeavour to teach the mothers and are proving very successful in this work. This method of

dealing with the problem family seems to be the best available at the moment, but we must aim at prevention and this can only be done through educational channels. A good deal could be done in the schools in regard to prevention. If both boys and girls were given a good grounding in all that goes to make a good home, and housekeeping and weekly budgeting were thoroughly taught we would make some progress in the right direction.

The problem families of one generation breed a good proportion of those in the next; it is useless leaving this training for home making to some of the parents. There are homes where children can learn all that is necessary for the future, but children from homes where the example is bad require training, and school would appear to be the only place where they can get the training.

This problem is not bound up to any extent with housing, as some of the worst problem families that we have dealt with are living in new council houses equipped with modern facilities. There has seldom been a real shortage of money but in some cases the mother was not getting sufficient money from the weekly wage and in all cases there was a lack of knowledge of the proper laying-out of money.

The families that have been dealt with during the year are progressing satisfactorily, but something much more fundamental in the form of education of the young to prevent problem families would appear to be the solution of this problem, so far as people of normal mentality are concerned.

### **C. Local Executive Council**

(Part IV of the National Health Service Act)

Through the kindness of the Secretary of the Local Executive Council, I am able to furnish the following information about the council service for the financial year ending March, 1956 :—

#### **1. General Medical Service**

111,137 persons were registered on the lists of doctors in the area, which represents a decrease of 958 on the corresponding figure of last year. Altogether there were 84 doctors on the medical list, of whom 47 reside in and have surgeries in Gateshead. Only 42 of these are fully active. The number of assistants employed by resident doctors was 4, 1 being on a part-time basis.

The average number of persons on the resident doctors' lists is 2,870. Including full-time assistant doctors, this average is reduced to 2,771. The area continues to be classified as "open" for the purpose of admission of new doctors to the medical list.

In the obstetric list, 33 resident doctors of the Borough have been included, and 864 women received maternity medical attention during 1955. In 445 cases the doctor was present at the confinement and 707





# HEALTH



HEALTH STAND — CIVIC EXHIBITION





patients received the full maternity service. In 157 cases either ante-natal care, including attendance for miscarriages or post-natal care only was given.

The amounts paid to doctors during the year ended 31st March, 1956, were as below :—

Capitation payments	.....	£	94,689
Additional 'loadings'	.....		19,219
Temporary residents	.....		782
Maternity medical services	.....		6,044
Hardship and Supplementary Annual Payments	.....		588
Balance Payments for Previous Years	.....		3,427
			<hr/>
			124,749
			<hr/>

## 2. Pharmaceutical Services

There were 29 chemists' shops under agreement to dispense medicine, drugs and scheduled appliances, and 3 contractors supplying surgical appliances (2 situated outside the Borough). The total payments to chemists in the year (including rota payments) was £111,743, and there were 519,214 prescriptions. The average cost per prescription was 4/5.81d.

## 3. Dental Services

There are 24 dentists on the list with three full-time and two part-time assistants. The cost of this service during 1955 was £53,993 in addition to £14,556 paid directly by the patients.

## 4. Ophthalmic Service

Seven ophthalmic medical practitioners and 29 ophthalmic opticians were under agreement with the ophthalmic services committee to test sight and dispense glasses. One dispensing optician is also under contract with the Council. Three of the ophthalmic medical practitioners, 17 (six premises) of the ophthalmic opticians and the dispensing optician practise outside the Borough. The cost of sight testing amounted to £8,461, as against £7,315 in the previous year.

During the year, 10,851 pairs of glasses were approved for supply as follows :—7,286 were prescribed a single pair of glasses, 623 bifocal glasses, 2,706 two pairs of glasses and 236 single lenses to one pair.

61 persons have applied to opticians to have glasses, previously supplied to them under the National Health Service, repaired or replaced. In 21 of these cases, the Ophthalmic Services Committee was satisfied that the breakage or loss was due to personal carelessness and no charge fell on public funds, apart from 4 cases which were allowed on the grounds that payment would involve the applicant in financial hardship. 796 school children applied for replacement or repair of their glasses. During the year, the Committee decided to make use of its powers under the Regulations to recover from the Local Education Authorities concerned the cost of the replacement or repair of the glasses of school children where there was evidence of lack of care on the part of the pupil.



The amount paid from public funds for the supply, repair and replacement of glasses amounted to £10,802, of which sum £301 was recovered from the Local Education Authorities. Charges paid by patients amounted to £12,463.

1,059 sight tests were given to children of school age and under at the Greenesfield Health Centre by the Ophthalmologists, Mr. H. Vernon Ingram and Mr. J. S. Arkle.

## **D. Other Health Services**

### **1. School Health Service and Clinics**

In Gateshead, the treatment arrangements for children of school age and under have been unified so that minor ailments, ophthalmic, orthopaedic, dental and artificial sunlight treatment is available to children under 15 years of age.

For the purposes of making the survey of the local health services comprehensive, the following statistics of the annual report on the school medical services are included. School children on the register at the end of the year numbered 17,489. Of these, 4,875 were submitted to routine medical examination on entrance, at 11 years of age, and on leaving. 53.8 per cent. of the parents of children examined by routine were present at the inspection. The nutrition of the children examined at school medical inspection was assessed as good in 96.72 per cent. of the children, a satisfactory figure for Gateshead. 1,334 children attended the minor ailments clinic, 773 school children were prescribed spectacles for errors of refraction, but the waiting list for ophthalmic investigations at the end of the year numbered 69 names. The orthoptic service, which was started in 1948, continued during the year, when 250 children received treatment.

At the end of the year there were three special schools under the Local Authority, the Joicey Road Open Air School with 154 children, the Cedars Special School for Physically Handicapped Children with 41 pupils (16 resident) and the Hindley Hall Special Residential School for Educationally Subnormal Children with 41 pupils.

### **2. Gateshead Dispensary**

In the case of the Gateshead Dispensary, a clinic for the treatment of psychosomatic conditions has been carried on by Dr. J. C. Hall, since the appointed day under the National Health Service Act. I am indebted to Dr. Hall for permission to include the following report on the work of the clinic :—

“40 patients received treatment during the year, 14 men and 26 women. 20 new patients were taken on, 7 men and 13 women.

The new patients were made up as follows :—

	<i>Anxiety.</i>	<i>Sex.</i>	<i>Depression.</i>	<i>Asthma.</i>	<i>Domestic.</i>	<i>Eczema</i>	<i>Total.</i>
Women	..... 7	—	1	2	2	1	13
Men	..... —	1	1	3	2	—	7
							—
							20
							==

19 patients were discharged. All were benefited except two. These two were cases of asthma. They left in much the same state as they were when they were admitted. Five patients were fit when they left. One man who came with a sex problem got married. One man with a depression felt fit and went back to work. One domestic problem was settled. One man with an anxiety condition was completely relieved. In the case of the woman with eczema the rash disappeared. All the rest found great improvement.

The total number of sessions during the year was 904. These were made up of 777 day sessions, plus 127 evening sessions. Hypnosis was used on 54 occasions and gas was used for narco-analysis on 29 occasions

We continue to draw patients from the surrounding district up to a radius of 25 miles, from as far away as Hexham, Blyth, Stockton, Jarrow and North Shields."



## PART III

## PREVENTION AND TREATMENT OF DISEASE

## A. Infectious Diseases

The following summary presents the information relating to the prevalence of infectious diseases as known to the Health Department in 1955 :—

Disease	Cases notified or otherwise known	Removed to Isolation Hospital	Corrected No. of Cases	Deaths	Deaths in Isolation Hospital
<b>Notifiable</b>					
Scarlet fever .....	98	63	93	—	—
Whooping cough .....	519	14	520	—	1
Diphtheria .....	3	3	—	—	—
Measles .....	1685	23	1680	1	1
Acute primary and influenzal pneumonia .....	263	184	222	57	10
Meningococcal infection .....	27	27	4	2	1
Acute poliomyelitis :					
Paralytic .....	8	8	9	1	1
Non-paralytic .....	10	10	7	—	—
Acute encephalitis :					
Infective .....	—	—	—	—	—
Post-infectious .....	1	1	—	—	—
Dysentery .....	279	23	281	—	1
Ophthalmia Neonatorum .....	2	—	2	—	—
Puerperal pyrexia .....	24	3	24	—	—
Enteric fevers .....	—	1	—	—	—
Erysipelas .....	18	6	18	—	—
Scabies .....	22	1	22	—	—
Food poisoning .....	16	1	19	—	—
Tuberculosis :					
Pulmonary .....	171	48	170	23	2
Meninges or C.N.S. ....	2	4	2	1	—
Other .....	25	13	24	—	—
<b>Non-notifiable</b>					
Pemphigus neonatorum .....	—	—	—	—	—
Glandular fever .....	4	4	Unknown	—	—
Chickenpox .....	19	2	19	—	—
Mumps .....	5	—	5	—	—
Infective hepatitis .....	6	3	Unknown	—	—
Rubella .....	—	—	„	—	—
Gastro-enteritis .....	40	37	„	10	1
Dysentery Carriers .....	115	—	„	—	—
Salmonella Carriers .....	15	—	„	—	—
Ringworm :					
scalp .....	2	—	2	—	—
Body .....	2	—	2	—	—

In 1955, 3,097 verified cases of notifiable disease came to the notice of the Medical Officer of Health, as compared with 1,463 cases in the previous year, a figure which was one of the lowest recorded.

In 1955, the principal features were a severe epidemic of measles in the first six months of the year and a continual high prevalence of whooping cough and dysentery throughout the year. Fortunately sporadic cases of poliomyelitis alone were encountered, and there is no doubt that the incidence of tuberculosis is now showing a marked decline.

The prevalence of dysentery was part of a continuous high incidence in the north-east of England, and it was paralleled by a substantial increase in many other parts of the country. Although apparently this disease spreads directly or indirectly from person to person, and its mere prevalence indicates deficiencies in the handling of foodstuffs, the reason for the mysterious and relatively sudden increase of prevalence in the Spring of 1955 all over the north-east is quite unexplained. The only theory that would seem to fit the facts is that some nationally distributed foodstuff product must start off the outbreak, so that once the infection is in a district it proceeds to behave in the usual manner of spread from person to person. On the other hand, it would be true to say that this disease has been endemic in the north-east for at least 30 years.

### (1) Notifiable Diseases

#### *Scarlet Fever*

This infection was of sporadic prevalence throughout the entire year, and no longer presents the usual autumnal increase. A large number of cases were removed to hospital in Gateshead, because of the prevalent overcrowding and insanitary housing conditions, but the stay in hospital of most of the cases was less than three weeks.

#### *Whooping Cough*

As 1954 was a non-epidemic year, it was only to be anticipated that there would be some increased prevalence in 1955, but the disease is not appearing, as it once did, out of the blue, and during 1955 it continued at a level of prevalence somewhat greater than scarlet fever throughout the year with an increase of incidence beginning in May and reaching its maximum in September. A number of young children reached the isolation hospital, where one infant of 16 months died from associated scalds and bronchopneumonia, the inquest verdict on the death being that it was due to scalds aggravated by bronchopneumonia.

#### *Diphtheria*

The 3 notified cases of diphtheria were unconfirmed after observation in the isolation hospital, so that the record of freedom from this disease extends to nearly five years.

#### *Measles*

The high incidence of this disease at the end of 1954 continued to increase to reach a maximum in the period mid-March to mid-June, following which the prevalence declined so that there was only one case in the last three months of the year, and that one in the last week of December.

If one includes the 1954 prevalence, this wave of measles lasted from October 1954 to August, 1955, a somewhat prolonged period for a measles epidemic.



There was one death from the disease among the 23 patients removed to the isolation hospital, and this patient, an infant of 6 months, died from the associated bronchopneumonia.

### *Pneumonia and Influenza*

Epidemic influenza appeared to be absent during the year, although there were 11 deaths ascribed to this cause. Pneumonia was recorded in a prevalence of roughly 4 cases a week, with an increasing incidence in the first and last months of the year.

There were 57 deaths ascribed to pneumonia, of which 10 occurred in the isolation hospital. Of these deaths, 16 were infants, one a 1-year old child, one a school child, 7 middle-aged adults, and 32 were persons over 65 in whom presumably the infection was of the non-notifiable category.

### *Meningococcal Infection*

3 true cases of meningococcal infection emerged from a much larger number of patients admitted under this diagnosis to the isolation hospital, and one fatal case certified as due to fulminating meningococcal meningitis came to light from the death returns.

### *Poliomyelitis*

After hospital observation, a total of 9 paralytic and 7 non-paralytic cases of poliomyelitis were recorded in Gateshead between July and October, 1955. One of the paralytic cases died from bulbar paralysis.

The age distribution of the 16 cases was as follows :—2 were infants, 8 were children aged one to 5 years, 4 were children of school age, and 2 were 15 years old. The youngest infant was aged 4 months with paralysis of the right arm. Her twin escaped the disease. Two brothers, aged  $2\frac{1}{2}$  and 4 years both suffered a non-paralytic attack.

The situation and severity of the paralysis in the 9 cases was as follows :—bulbar 2 (1 died), single arm 4, single leg 2, both legs 1.

### *Acute Encephalitis*

No verified cases of acute encephalitis came to notice during the year, the suspect proving to be suffering from chicken pox only.

### *Dysentery*

Altogether 281 verified cases of dysentery were investigated and associated contacts to the number of 115 were found to be carriers. The infection in these cases was due to the Sonne variety of dysentery.

A great deal of work was involved in following up the carriers and the cases until they were proved to be non-infective as judged by the results of faeces culture. In two instances, Sonne Dysentery carriers, engaged respectively as a baker and a milk roundsman, were suspended from their work because of the carrier condition, and their sick pay was supplemented to the normal level of remuneration while they remained sus-

pended from work. In connection with the follow-up of Sonne Dysentery carriers, it is interesting to note that in 5 of these the Sonne infection was replaced by a symptomless infection of Salm. Typhimurium. One of these contacts, a grocer working outside the area, was excluded by the Local Authority from his work, on account of his carrier condition in relation to S. Typhimurium.

Two school outbreaks were investigated, one in the Spring and one at the end of the year and both associated with Shipcote School. On each occasion, a number of children were reported to be absent with vomiting and diarrhoea over a period of three or four weeks. Such investigations as were possible showed that the cause of the illnesses was Sonne Dysentery. Some of the children received no medical attention, while other children had received symptomatic treatment from their own doctors but no faeces specimens had been examined.

The attention of the Education Authority was directed to the inadequate sanitary arrangements at the school concerned with a view to the necessary remedial action. It must be stressed that this outbreak was in no way related to the school feeding arrangements, but rather an example of case-to-case infection among the children.

#### *Enteric Fever*

No genuine case of typhoid or paratyphoid fever occurred in the Borough during 1955.

#### *Erysipelas*

This disease continues to occur in a low sporadic prevalence, nearly all being spontaneous cases affecting the face. Some of the patients had suffered from the disease previously, exemplifying the well-known position that this disease, due to a haemolytic streptococcus, confers very little immunity as a result of attack.

#### *Scabies*

22 cases of scabies came to light, and with one exception were treated at home.

### **(2) Non-notifiable Diseases**

Information relating to the incidence of infectious diseases that are not statutorily notifiable is obtained through the reports of school attendance officers and the attendance records of the children's nurseries, supplemented by returns from the local isolation hospital.

Infective hepatitis, mumps and chickenpox occurred in sporadic incidence during the year.

No cases of pemphigus neonatorum or of rubella were encountered.

40 cases of gastro-enteritis came to light as the result of admission to the isolation hospital, where one death of an infant from another area occurred. Altogether there were 9 deaths within the Borough from



gastro-enteritis, of which 2 were transferred out to the area of normal residence, while 3 other deaths were transferred into the area. 7 of the 10 deaths of borough residents were in persons over the age of 35, and were mainly related to chronic ulcerative conditions, no less than 3 being due to ulcerative colitis.

Ringworm continues to be of variable incidence. 2 cases affecting the scalp and 2 the skin of the body only were recorded.

The patients were treated by the dermatologist.

### *Sickness Claims*

Sickness claims are returned weekly from the local officers of the Ministry of National Insurance to this department. The average number of weekly claims ranged from 750 in the opening weeks of the year to 350 in the months of July and August. The normal incidence of claims ranges between 400 and 500 a week.

### **(3) Supervision of Contacts**

Contacts of infectious disease, particularly of intestinal infections are kept under surveillance until observation and bacteriological sampling proves them to be non-infective. 115 dysentery carriers and 15 symptomless carriers were supervised by regular sampling of the faeces, but difficulties are beginning to be met in the refusal of patients to submit specimens for examination. In addition to these, 20 other contacts notified from other areas were supervised. One was a contact of smallpox and 19 were contacts of poliomyelitis.

### **Infestation and Uncleanliness**

Verminous infestation of the body is very rare in Gateshead, except in aged people living alone and often found to be in need of care and attention. On the other hand verminous infestation of the scalp continues to be a common finding in school children and in many instances the finding indicates infection from other members of the family not at school. It might be remarked that it is not always from the insanitary houses with poor water supply that the children found to be unclean are derived. There are some parents who are so careless and lazy that their children when examined at school nearly always show the presence of nits. One wonders if the powers conferred in the Education Act are adequate for this problem of the vermin infested scalp, for which there is really little excuse. it would be much easier simply to prosecute the offender after warning.

### **(B) Suspected Food Poisoning and Salmonellosis**

In accordance with regulations the following return was made to the Ministry of Health :—

1. *Local Authority*—Gateshead County Borough      Year 1955
2. *Food Poisoning Notifications (Corrected) Returned to Registrar General.*

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
2	Nil	17	Nil	19

3. *Outbreaks due to Identified Agents.**Total Outbreaks*

3

Salm. Typhimurium  
Staphylococcus Aureus2 (5 cases)  
1 (2 cases)4. *Outbreaks of Undiscovered Cause.**Total Outbreaks*

Nil

5. *Single Cases.**Agents Identified*

13

*Unknown Cause*

Nil

*Total*

13

Salm. Typhimurium	11
Salm. Poona	1
Staphylococcus Aureus	1

Among the contacts were discovered the following symptomless excretors :—

Salm. Typhimurium	.....	.....	12
Salm. Poona	.....	.....	2
Shigella Sonnei	.....	.....	1

The position thus summarised is still a matter of concern, although neither any major incident nor a fatality has to be recorded, but taken in conjunction with the known incidence of dysentery the summary indicates the fairly widespread infestation of the population with organisms of intestinal origin. These instances that came to light can only be a very small percentage of the total number of persons who have been infected either with mild symptoms of illness or silently. It is axiomatic that where the transference of these pathogens is possible from person to person other more virulent organisms such as the typhoid and paratyphoid bacilli could equally well be transmitted in a similar way. The whole position is a reflection on the careless and unhygienic habits of many of the people, despite the frequent appeals and advice that everyone should wash the hands after the toilet of excretion.

*Salmonella Typhimurium Infection*

The two outbreaks and 11 individual cases of gastro-enteritis due to Salm. Typhimurium are to be regarded as incidents in the chronic endemic infestation of the community with this organism.

In August a woman and her husband and two children were living in a caravan on holiday at the Coast. The mother became ill with diarrhoea, abdominal pain and nausea and at once returned to her Gateshead address but did not call in the doctor until four days afterwards. The faeces samples from the mother were reported to contain Salm. Typhimurium but meanwhile her two children aged 2 years and 1 year began to suffer from diarrhoea, and they also proved to be infected by this organism. The father, who was symptom free, proved to be a carrier.

A child of 17 months sickened in August with vomiting, which continued for a week, whereupon diarrhoea developed. The family doctor had the faeces examined with a resultant find of Salm. Typhimurium. This child lived with his parents, two brothers and a sister, and all the family denied symptoms in themselves but submitted faeces, which proved to contain the causal organism. A related family group living at



an adjoining address consisting of a man, a housekeeper and four children, came under suspicion because the housekeeper had suffered from diarrhoea, and her faeces contained *Salm. Typhimurium*. All the remaining members of the household were symptom free and yielded negative faeces samples. It appeared that the housekeeper had been infected from the child.

The individual instances of illness due to *Salm. Typhimurium* are as follows :—

In July, a child of 14 months, who had been suffering from intermittent diarrhoea for one month, had her faeces examined at the instance of the family doctor with the result that *Salm. Typhimurium* was found. The mother was inclined to attribute the onset of the diarrhoea in the child to the consumption of coconut purchased during the Newcastle Town Moor Fair. Samples of faeces from the parents and two other children were reported negative, but the affected child continued to be a chronic carrier for some time.

Another infant of 6 months, suffering from diarrhoea, was found to have *Salm. Typhimurium* in the faeces. The child lived with its parents, grandmother and one other child, and from the history it appeared that a week before the onset of symptoms in the patient the mother and the other child had suffered from digestive disturbance. On sampling the contacts, only the mother was incriminated as being a carrier of this organism.

A woman of 37 years developed fever, abdominal pain and diarrhoea in July, and her faeces, sent for examination, were reported to contain *S. Typhimurium*. The symptoms in this patient continued for four days. Her two children, both of whom were free from symptoms, were reported to harbour this organism in the faeces but the woman's husband refused to submit samples.

A mother and her two children, along with another married couple lived in a caravan at the Coast in July. One of the children became ill with diarrhoea, which apparently continued for some three weeks, and when the family returned home the child's faeces were submitted for examination by the family doctor. The faeces proved to contain *Salm. Typhimurium*. Faeces samples from the contacts showed that the mother, who had recently had mild diarrhoea, was infected by *Sonne Dysentery*, but the other child and the married couple were free from infection.

A boy of 2 years sickened with diarrhoea in August, and was found to be infected by *S. Typhimurium*. The parents and an elder brother submitted samples which were found to be negative. The child continued to excrete the organism for some considerable time.

A boy of 3 years became ill in August with pain, diarrhoea and fever. The faeces were reported to contain *Salm. Typhimurium*. All the contacts of this patient had been free from symptoms and yielded negative results upon bacteriological examination of the faeces.

A student nurse of a local hospital became ill with diarrhoea in August, but as she was going on holiday three days later she did not report this to the authorities but consulted her own doctor, who submitted her faeces for examination, with the result that Salm. Typhimurium was found. The parents and an older brother of the nurse were also sampled with negative results. At the time of her illness this nurse was looking after a group of long-stay patients, one of whom had developed diarrhoea due to Sonne Dysentery a week before the onset of symptoms in the nurse. The nursing staff of the ward were asked to submit samples in an effort to trace the source of the dysentery infection in the patient. Although these were negative for dysentery organisms one of the staff proved to be a symptomless carrier of S. Typhimurium.

An infant of 7 months sickened with diarrhoea due to Salm. Typhimurium in August. The contacts, consisting of the child's parents and grandparents, were sampled, but only the grandmother yielded the organism in her faeces. This infant continued to carry the organism for some time.

Another infant aged 7 months became ill, and was sent to hospital with gastro-enteritis. There his faeces were examined and reported to contain S. Typhimurium. The child lived with his parents, grandparents and an uncle and aunt, all of whom, when sampled, proved to be uninfected. This infant also continued to be a carrier for some time.

A boy of 8 years sickened in August with pain, fever and diarrhoea due to Salm. Typhimurium. The boy lived with his parents and a sister, all of whom were free from symptoms, but nevertheless the mother and the sister revealed the organisms in the faeces.

A woman of 57 years employed as a cleaner in an hotel suffered from sickness, diarrhoea and abdominal pain in September. She was found to be infected with Salm. Typhimurium, but she lived all alone, and enquiries revealed no obvious source of infection. The origin of her illness remains a mystery.

The circumstances related in the above account fully justify the remarks already made regarding the thesis that salmonella infection in Gateshead behaves similarly to Sonne Dysentery. It is important to stress the frequency of the carrier condition in symptom free contacts and the chronicity of the carrier condition in infants and young children. Despite the trial of many drugs, there is no remedy yet available for the cure of the carrier condition in these patients.

### *Staphylococcus Aureus Infection*

A cinema manager suffered from diarrhoea of sudden onset during the day. He began to vomit and was admitted in emergency to hospital where samples of the vomit were sent to the laboratory and coagulase positive staphylococcus aureus was reported to be present. Dietetic enquiries showed that on the day in question the patient had consumed a cold ham salad for lunch. His secretary had some of the cold ham salad and she reported in retrospect that she had suffered from digestive dis-



turbance. It appeared that in this case there had been an isolated example of contamination of the ham by the server, so that the organism was able to multiply and produce the toxin which caused the symptoms in both these patients.

Notification was received from a general practitioner that two patients had suffered gastro-enteritis symptoms after consuming spam bought in a local shop. Some of the spam had been retained. Both patients were convalescent in four days. The faeces of these patients both yielded Coagulase Positive Staphylococcus Aureus but no other pathogenic organisms. The sample of spam submitted to the laboratory was reported to contain Coagulase Negative Staphylococcus Aureus, other food poisoning organisms being absent. The spam was sold loose over the counter from the shop, and it is assumed that if one variety of staphylococcus could be present equally so could the pathogenic variety. There was no suggestion of sores or infected wounds in the personnel of the shop, nor did any other case of gastro-enteritis attributable to the consumption of this spam come to notice.

### *Salmonella Poona Infection*

An infant of four months had diarrhoea beginning in August, and the faeces were reported to contain this organism. The infant lived with her two parents who were free from symptoms, but nevertheless their faeces also showed the presence of Salmonella Poona. Once again the infant became a carrier. This is the first instance of Salmonella Poona infection recorded in this Borough.

## **C. Tuberculosis**

(Report of Dr. S. D. Rowlands, Consultant Chest Physician,  
Gateshead)

### **Chest Clinic**

Clinics have continued as usual daily throughout the year from 9 to 12 a.m. In addition, a clinic is held on 4 mornings weekly (Monday to Thursday) for examination of new patients at Whinney House Hospital.

During the year 632 new patients had a complete clinical examination apart from many others who attended for x-ray only.

The total attendances, new and old cases, numbered 8,807.

### **1. Contacts**

2,169 contacts of tuberculous patients were examined during the year. Of these, 36 were found to be suffering from tuberculosis (males 9, females 8, children 19) and referred for treatment. 44 were still under observation at the end of the year and the remainder were free from evidence of active disease.

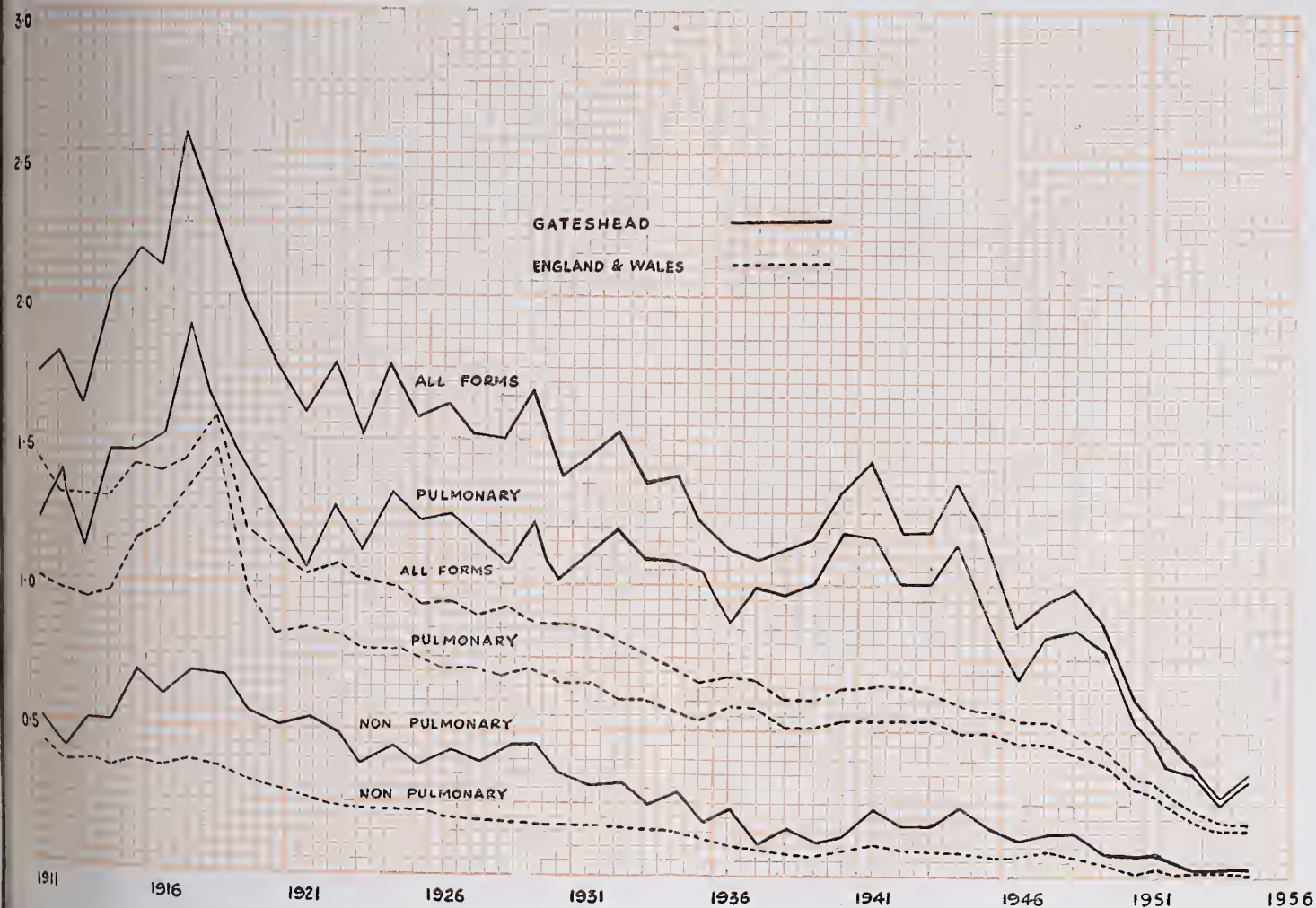
Every effort is made to get all contacts of new cases to attend for examination. In the case of adults they are referred for x-ray either

# County Borough of Gateshead

## TUBERCULOSIS

DEATH RATES per 1,000 population  
1911 - 1955

Rate per  
1,000







to Whinney House Hospital or the Mass Radiography Unit, Newcastle, and any abnormal findings are dealt with at the clinic. Child contacts are first Mantoux tested and any positive reactors x-rayed.

It is the health visitor's duty to find out the names of all contacts on her first visit to a new case of tuberculosis and advise attendance for examination. Unfortunately, there are still too many young adults who refuse to attend, usually due to apathy or fear.

Old contacts are advised to attend for a yearly x-ray examination, but it is impossible to keep a complete check on all old contacts as the number is too great and neither the necessary staff nor time is available to deal with them.

## 2. New Cases

During 1955, the number of new cases of tuberculosis added to the register was 195 (166 pulmonary tuberculosis and 29 non-pulmonary tuberculosis).

This shows a welcome decrease of 35 cases of pulmonary tuberculosis and a decrease of 1 case of non-pulmonary tuberculosis over the previous year.

5 cases of pulmonary tuberculosis and 1 other tubercular disease were subsequently cancelled as wrongly diagnosed, leaving nett figures of 161 pulmonary tuberculosis and 28 non-pulmonary tuberculosis cases added to the register. This is the lowest number of new cases ever recorded in one year and continues the reduction first noticed in the previous year.

During the year 193 patients (males 72, females 89, children 32) were discharged as recovered and 110 patients left the district. A further 13 cases were removed from the register for various reasons.

Newly notified cases with notification rates during the past decade are as follows :—

Year	No. of new cases			Incidence rates per 1,000 population		All forms
	P.T.	O.T.D.	Total	P.T.	O.T.D.	
1945	218	52	270	2.06	0.49	2.55
1946	228	47	275	2.01	0.42	2.43
1947	237	34	271	2.08	0.29	2.37
1948	232	47	279	2.01	0.41	2.42
1949	250	30	280	2.17	0.26	2.43
1950	220	41	261	1.9	0.35	2.25
1951	227	38	265	1.97	0.33	2.30
1952	243	28	271	2.12	0.24	2.36
1953	255	42	297	2.24	0.37	2.61
1954	200	25	225	1.76	0.22	1.98
1955	161	28	189	1.42	0.24	1.66



As far as can be ascertained there were, at the end of the year in Gateshead, 111 cases of pulmonary tuberculosis who have been infectious within the past 6 months and 50 known to have been infectious at some time during the year. These numbers in the previous year were 125 and 94 respectively which is a most favourable reduction in the source of infection. 483 other patients, who had at one time a positive sputum are now negative.

Of the known recently infectious cases 60 were in hospital receiving treatment at the end of the year, leaving only 51 in their own homes most of whom have had hospital treatment.

There are still many infectious cases of tuberculosis in this town whose housing conditions are unsatisfactory and in some cases deplorable. Very little headway is being made to clear up this unfortunate state of affairs. Some much greater form of priority must be given to solve this problem and no infectious case of tuberculosis should have to share a room with other members of his or her family.

### 3. Deaths

25 notified cases of tuberculosis died during 1955, which is a decrease of 17 on the previous year. This is easily the lowest number of tuberculosis deaths ever recorded in this town.

12 of the above cases died from conditions other than tuberculosis :

Accidental	.....	.....	.....	1
Cerebral embolism	.....	.....	.....	1
Bronchogenic carcinoma	.....	.....	.....	5
Meningitis (meningococcal)	.....	.....	.....	1
Chronic bronchitis	.....	.....	.....	1
Pneumonia	.....	.....	.....	2
Uraemia.....	.....	.....	.....	1

The Registrar General's return for tuberculosis deaths for 1955 is as follows :—

<i>Pulmonary tuberculosis</i>				<i>Other tubercular diseases</i>			
Males	.....	16		Males	.....	1	
Females	.....	7		Females	.....	1	
		<hr/>				<hr/>	
		23				2	
		<hr/>				<hr/>	

The death rate is :—

Pulmonary tuberculosis	.....	0.203 per 1000
Other tubercular diseases	.....	0.017 per 1000
Total (all forms)	.....	0.220 per 1000

These rates compare with those for England and Wales for 1955 as under :—

Pulmonary tuberculosis	.....	0.131 per 1000
Other tubercular diseases	.....	0.015 per 1000
Total (all forms)	.....	0.146 per 1000

The following table shows the total deaths and death rates during the past 10 years :—

Year	Total Deaths			Death rate per 1,000 population		
	P.T.	O.T.D.	Total	P.T.	O.T.D.	Total
1946	75	21	96	0.667	0.187	0.855
1947	93	17	110	0.81	0.15	0.96
1948	99	18	117	0.86	0.15	1.01
1949	91	10	101	0.79	0.087	0.87
1950	64	11	75	0.55	0.09	0.64
1951	47	11	58	0.41	0.09	0.5
1952	45	4	49	0.39	0.03	0.42
1953	29	3	32	0.25	0.02	0.27
1954	38	4	42	0.33	0.035	0.36
1955	23	2	25	0.203	0.017	0.220

The age distribution of new cases and deaths is given in the appended table :—

Age Periods	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	Males	Females	Males	Female	Males	Females	Males	Females
0-1	—	1	—	—	—	—	—	1
1-5	2	4	2	—	—	—	—	—
5-10	7	4	1	3	—	—	—	—
10-15	7	10	1	7	—	—	—	—
15-20	11	8	3	2	—	—	1	—
20-25	18	15	—	3	—	1	—	—
25-35	19	19	2	2	5	3	—	—
35-45	13	6	1	2	1	—	—	—
45-55	20	4	2	—	2	—	—	—
55-65	13	5	—	—	5	1	—	—
65 & up	10	1	—	1	3	2	—	—
Totals	120	77	12	20	16	7	1	1

The above figures include all primary notifications and also others reported to the Medical Officer of Health from the following sources :—

				<i>Pulmonary tuberculosis</i>	<i>Other tubercular diseases</i>
(a)	Local registrar	.....	.....	1	—
(b)	Registrar General	.....	.....	4	—
(c)	Posthumous	.....	.....	2	—
(d)	Inward transfers	.....	.....	25	1
(e)	Outward transferable deaths	.....	.....	1	—

#### k. Domiciliary Visiting

All first visits to newly notified cases are made by the chest clinic health visitor who makes careful note of all the circumstances in the home and the number of contacts, who are advised to attend for examination as soon as possible.



Subsequent visits are made by the appropriate health visitor employed by the Corporation, in whose district the patient resides. One member of the staff of health visitors attends for a week in rotation at the chest clinic where she is enabled to see many of her patients attending for review and can make enquiries regarding others. In this way all the health visitors are kept fully informed of the circumstances relating to all the tuberculosis cases in their respective districts and quickly look up any who are not attending regularly for review.

During the year 199 first visits and 1,783 revisits were made to tuberculosis patients.

The chest physician in addition made 75 special domiciliary visits.

From the housing records of new patients notified the following facts were elicited :—

59 patients occupied a separate bedroom  
 13 patients occupied a separate bed with others in the room  
 108 patients occupied the same bed as other members of the family.

The housing accommodation of 180 cases completely investigated was :—

1 roomed tenement	.....	.....	.....	11 cases
2 rooms	.....	.....	.....	38 cases
3 rooms	.....	.....	.....	66 cases
4 rooms	.....	.....	.....	45 cases
Over 4 rooms	.....	.....	.....	20 cases

Thus 88.8% of the new cases lived in houses having 4 rooms or less.

It is obvious from these figures that the problem of re-housing these patients is of immense importance.

Unfortunately, only 23 families were rehoused during 1955 in council houses and under the present scheme of priorities there is little hope of any improvement in tackling this problem.

## 5. Hospital Treatment

The treatment of tuberculosis cases remains the responsibility of the Regional Hospital Board.

The number of cases given institutional treatment during the year is shown in the following table (Gateshead residents only) :—

Table of Admissions, Discharges and Deaths

	In on 1st day of year			Admitted			Discharged			Died			In on last day of year		
	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch
Binney House															
Hospital .....	26	23	—	87	40	—	86	53	—	5	2	—	22	8	—
En Hall Hospital	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—
Eshead Childrens															
Hospital .....	—	—	5	—	—	17	—	—	16	—	—	—	—	—	6
Ham Hall															
Hospital .....	2	4	—	11	11	—	7	12	—	1	—	—	5	3	—
Le Sanatorium .....	2	2	1	3	—	—	4	2	1	—	—	—	1	—	—
Marlington															
Sanatorium .....	—	—	11	—	—	22	—	—	20	—	—	—	—	—	13
Uckham Cottage															
Hospital .....	1	2	—	5	—	—	4	2	—	—	—	—	2	—	—
Wiley Sanatorium	12	30	—	43	38	—	43	62	—	—	—	—	12	6	—
Wiff Hill I.D.															
Hospital .....	12	13	1	32	23	2	34	33	1	1	1	—	9	2	2
Wywood Hall															
Hospital .....	10	3	—	14	3	—	20	5	—	1	—	—	3	1	—
Man's Riding															
Hospital .....	16	7	—	80	47	—	75	47	—	—	—	—	21	7	—
Wes House															
Hospital .....	—	2	—	—	—	—	—	2	—	—	—	—	—	—	—
Totals .....	82	86	18	275	162	41	274	218	38	8	3	—	75	27	21

## 6. After-Care and Rehabilitation

A close liaison is maintained with the Disablement Resettlement Officer regarding the rehabilitation of patients deemed ready to resume work. He was able to place 82 patients out of a total of 96 patients referred to him. In addition, 37 patients were admitted to Felling Rehabilitation Centre for build up and training before resuming work. 1 patient was sent to Leeds Training Centre for training as a motor mechanic.

The old trouble of finding suitable light work for men persists ; most of the more suitable jobs being normally carried out by women. It is sometimes necessary, therefore, to allow the man to take work which may not be entirely suitable. It is felt, however, that the fact of getting back to work and earning a living has an important psychological effect which outweighs the possible unsuitability of the particular job he is doing.

There is only one Remploi factory in this district and it will not take any potential cases of 'open' tuberculosis. This is unfortunate as there are many such cases who could do some part time work and they are quite unable to find work in ordinary industry. These men and women, therefore, are compelled to continue drawing unemployment and/or national assistance benefit and gradually become unemployable. The need for a Remploi factory to take such cases is long overdue.



## 7. B.C.G. Vaccination

B.C.G. vaccination has continued to be offered to all tuberculin negative reactors among tuberculosis contacts, especially in the case of children, and it is rare that such is not accepted.

During the year 251 contacts were vaccinated and also 42 members of the hospital staffs.

There have been no untoward sequelae among any of these cases and all have been successfully completed.

8. The following table gives a general resume of the cases seen and dealt with at the chest clinic during 1955 :—

	Respiratory			Non-respiratory			Totals			G
	M	F	Ch	M	F	Ch	M	F	Ch	
A. 1. Number of notified cases of T.B. on clinic register on 1st January, 1955 .....	575	519	155	38	47	44	613	566	199	1
2. Transfers from clinics under other H.M.C's. or B.G's. during the year .....	14	10	1	—	1	—	14	11	1	
3. Children transferred to adults during the year .....	3	5	—	2	1	—	5	6	—	
4. Cases lost sight of which returned to clinic during the year .....	5	4	—	2	1	—	7	5	—	
B. Number of New cases diagnosed as tuberculous during the year										
T.B. MINUS .....	43	32	30	6	6	12	49	38	42	
T.B. PLUS .....	41	16	4	1	3	1	42	19	5	
Totals of A and B .....	681	586	190	49	59	57	730	645	247	1
C. Number of cases in A and B written off clinic register during the year										
(1) Recovered .....	67	82	30	5	7	2	72	89	32	
(2) Died (all causes) .....	24	9	1	—	—	1	24	9	2	
(3) Removed to other H.M.C. or B.G. clinics .....	43	38	9	7	11	2	50	49	11	
(4) Children transferred to adults during the year .....	—	—	8	—	—	3	—	—	11	
(5) Other reasons .....	8	4	—	—	1	—	8	5	—	
Total of C .....	142	133	48	12	19	8	154	152	56	
D. 1. Number of notified cases of T.B. on clinic register on 31st December, 1955 .....	539	453	142	37	40	49	576	493	191	1
2. Number of above known to have had a positive sputum within preceding six months .....	78	30	3	—	—	—	78	30	3	
E. (a) Number of persons (excluding transfers) first examined during the year .....	—	—	—	—	—	—	448	493	1834	2
(b) Number of those in (a) who attended as Contacts and who were :—										
(1) Diagnosed as tuberculous .....	9	8	19	—	—	—	9	8	19	
(2) Not tuberculous .....	168	269	1652	—	—	—	168	269	1652	2
(3) Not determined (as at 31st December, 1955) .....	4	13	27	—	—	—	4	13	27	
F. Number of patients on clinic register awaiting admission to T.B. Institution	3	2	—	—	—	—	3	2	—	

1. Number of attendances at the Clinic including contacts ..... 8801

2. No. of :—  
Specimens of sputum examined 3337

**S. D. ROWLANDS,**  
*Consultant Chest Physician.*

**Venereal Diseases**  
**relating to Gateshead Cases treated at Ward 34, Newcastle General Hospital 1955.**

	Syphilis		Gonorrhoea		Conditions other than Venereal		Totals 1955			1954	1953	1952	1951
	M	F	M	F	M	F	M	F	Total				
Cases under treatment or observation on 1st Jan-1955 .....	87	116	3	1	17	10	107	127	234	260	265	285	304
Cases, returned .....	15	2	—	—	3	4	18	6	24	10	5	4	5
Cases—													
Syphilis :													
Primary .....	—	1	—	—	—	—	—	1	1	1	—	1	2
Secondary .....	—	—	—	—	—	—	—	—	—	—	2	—	1
Latent, 1st year of infection .....	—	—	—	—	—	—	—	—	—	—	2	1	—
Latent, 2nd year of infection .....	6	4	—	—	—	—	6	4	10	20	12	17	22
Genital .....	—	—	—	—	—	—	—	—	—	—	5	1	4
Gonorrhoea .....	—	—	16	2	—	—	16	2	18	31	50	30	50
Chancres .....	—	—	—	—	—	—	—	—	—	1	—	—	—
Other venereal .....	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-venereal .....	—	—	—	—	120	39	120	39	159	197	212	228	208
Conditions undiagnosed 31.12.55 .....	—	—	—	—	—	1	—	1	1	—	—	—	—
Cases transferred from other areas .....	1	—	1	—	—	—	2	—	2	10	10	8	7
<b>Total .....</b>	<b>109</b>	<b>123</b>	<b>20</b>	<b>3</b>	<b>140</b>	<b>54</b>	<b>269</b>	<b>180</b>	<b>449</b>	<b>530</b>	<b>563</b>	<b>575</b>	<b>603</b>
Cases discharged after treatment .....	10	5	13	2	129	46	152	53	205	249	270	277	270
Cases leaving attendance after completion of treatment .....	—	—	—	—	—	—	—	—	—	2	1	2	1
Cases under treatment or observation who died from the disease .....	3	—	—	—	—	—	3	—	3	4	1	—	—
From other causes .....	2	1	—	—	—	—	2	1	3	3	4	—	2
Cases .....	1	—	—	—	—	—	1	—	1	6	8	4	10
Cases transferred to other hospitals or to private practitioners .....	6	—	1	—	2	1	9	1	10	32	19	27	36
Cases under treatment on 1.1.55 .....	87	117	6	1	9	7	102	125	227	234	260	265	284
<b>Total .....</b>	<b>109</b>	<b>123</b>	<b>20</b>	<b>3</b>	<b>140</b>	<b>54</b>	<b>269</b>	<b>180</b>	<b>449</b>	<b>530</b>	<b>563</b>	<b>575</b>	<b>603</b>
Total attendances for medical treatment .....	955	1191	220	28	286	99	1461	1318	2779	3686	3706	3382	4044
Total attendances for immediate treatment .....	—	—	—	—	41	—	41	—	41	252	274	159	358

**W. V. MACFARLANE, M.D., D.P.H.,**  
*Physician in Charge.*



## PART IV

## MISCELLANEOUS SERVICES

**A. National Assistance Act, 1948 (Section 47)**

16 persons were referred to the Medical Officer of Health for possible action under the above act.

Information as to the cases was received from the family doctors, sanitary inspectors, health visitors, the Welfare Services Department, a landlady and a sister-in-law. In 5 cases the necessary certificates were issued and in one case the urgency certificate under the Amendment Act of 1951 was also given. Two persons for whom certificates were issued decided to enter Fountain View Welfare Hostel voluntarily, 2 others were removed to the Hostel, while the remaining case, a man suffering from tuberculosis, was removed to Whinney House Hospital.

Of the remaining 11 cases, 3 entered the Hostel voluntarily, 4 were admitted to Bensham General Hospital, 1 was certified under the Lunacy Acts and removed to St. Mary's Hospital, Stannington, 2 others were provided with a Home Help and 1 was referred for further observation.

The follow-up of the cases compulsorily removed shows that the tuberculous patient was transferred as a Voluntary Patient to St. Mary's Hospital, where he died shortly after, one agreed to remain voluntarily and one was still detained under the terms of the original certificate.

**B. Welfare of the Blind**

Through the courtesy of Mr. R. A. Hayson, Director of Welfare Services, I am able to reproduce the following tables relative to the status of the blind at the end of the year.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Registered Blind Persons .....	122	150	272
Persons in Residential Accommodation :			
Fountain View .....	9	13	22
Beacon View .....	—	1	1
Bensham General Hospital .....	—	5	5
	9	19	28
Children aged under 16 years :			
Educable .....	5	2	7
Uneducable .....	—	—	—
	5	2	7
<b>Occupation of Employed Persons</b>			
<i>Workshops for the Blind :</i>			
Basket Workers .....	4	—	4
Mattress Makers .....	1	—	1
Brush Makers .....	7	—	7
Sewing Machinists .....	—	—	—
Mat Makers .....	9	—	9
Ships Fender Makers .....	—	—	—
Machine Knitter .....	—	1	1
	21	1	22

	<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Otherwise employed :</i>			
Piano tuners .....	2	—	2
Telephone operators .....	3	—	3
Open employment .....	5	5	10
Shopkeepers .....	2	—	2
	12	5	17

#### Physically and Mentally Defective and Disordered

Mentally disordered .....	—	—	—
Mentally defective .....	4	1	5
Physically defective .....	11	13	24
Deaf without speech .....	3	3	6
Deaf with speech .....	3	3	6
Hard of Hearing .....	14	21	35
	35	41	76

So far as school children are concerned, two males and one female have been ascertained to be blind within the meaning of the Act. These are having special education in schools for the Blind.

The additional information required by the Minister of Health in his circular dealing with the annual report for 1953 is given in the following tables :—

#### Follow-up of Registered Blind Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—				
(a) No treatment .....	1	6	—	10
(b) Treatment (medical, surgical or optical) .....	11	1	—	2
	12	7	—	12
Number of cases at (1)(b) above which on follow-up action have received treatment .....	7	1	—	2



### Follow-up of Registered Partially Sighted Persons

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(1) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D.8 recommends :—				
(a) No Treatment .....	1	—	—	5
(b) Treatment (medical, surgical or optical) .....	4	—	—	1
	5	—	—	6
(2) Number of cases at (1) (b) above which on follow-up action have received treatment .....	1	—	—	1

### Epileptics and Spastics

The following is the known position so far as epileptics are concerned in Gateshead.

There are three known epileptics among the pre-school children.

Among school children there is one epileptic having special education in a residential school and 8 who are attending ordinary school. There are 4 epileptic mentally defective children all ineducable and not at school at all.

So far as adolescents and adults are concerned, it appears that 398 males and 13 females are registered as epileptic persons, a total of 522. Of this total 5 are unemployed, 4 are employed at the Remploy Factory and the remainder are employed at ordinary occupations.

The position in regard to "spastic" persons is that in the pre-school population, there are four known cases.

Among the school population 19 are known and 11 are having education in "The Cedars" Special School, 2 in the Percy Hedley School, 2 attend ordinary school and one is not at school. Three children of school age are notified as being ineducable due to mental defectiveness.

"Spastics" in the adult population are apparently not catered for. There is only one such person known to the Ministry of Labour Resettlement Officer and the Director of Welfare Services, and he is in full employment.

### C. Pharmacy and Poisons Act

20 persons were registered for the sale of poisons listed in Part II of the Poisons List, and these were supervised on behalf of the Council by the Pharmaceutical Society's Inspector, who has reported that the provisions of the Act were adhered to in all cases.

#### D. Superannuation Acts

71 persons (24 males and 47 females), were examined for new appointments with the Gateshead Local Authority. Under the modified scheme for manual workers employed by the Local Authority, 111 persons were examined (74 males and 37 females). 4 males and 1 female were examined in connection with appointments with other authorities.

12 corporation workers were examined with regard to their fitness to retire on the grounds of ill-health under the modified superannuation scheme, and so also was 1 Member of the staff.

5 employees absent from work were examined with a view to a report being presented to the Council regarding their fitness.



## PART V

## SANITARY CIRCUMSTANCES OF THE AREA

(Report of the Chief Sanitary Inspector—W. Anthony Mears)

Staff problems have not previously been seriously felt in the Borough. Two of the inspectorial members of the Department resigned during the year to take over positions with improved salaries and other conditions. Efforts to fill these vacancies were abortive. The continued dearth of qualified inspectors is a most serious obstacle to progress and, consequently, it has not been found possible to continue the survey of food premises, instituted some years ago and carried out so effectively. When the present spate of housing inspections in connection with Slum Clearance has been completed and the staff vacancies have been filled, it may be possible to return to a vigorous campaign in connection with Food Hygiene, indeed, this is most urgent having regard to the new Food Hygiene Regulations which commence on January 1st, 1956.

**Civic Exhibition**

A Civic Exhibition, embracing all departments of the Corporation, was held in November when the activities of the Sanitary Inspector's Department were shown to the general public. This took the form of models, graphs, photographs and pictures giving information in respect of Clean Food, Clean Air, Clean Water, Clean Workplaces, Clean Homes and Clean Furniture and bedding. Rodent Disinfestation was very aptly illustrated by the Ministry of Agriculture and Fisheries Infestation Department by means of a very elaborate stand showing specimens of rodents and insect pests and the destruction caused by and danger from them. All stands used in the exhibition were kindly supplied and fitted up by the Ministry.

A fairly good response from the public was seen and parties of school children were shown around daily.

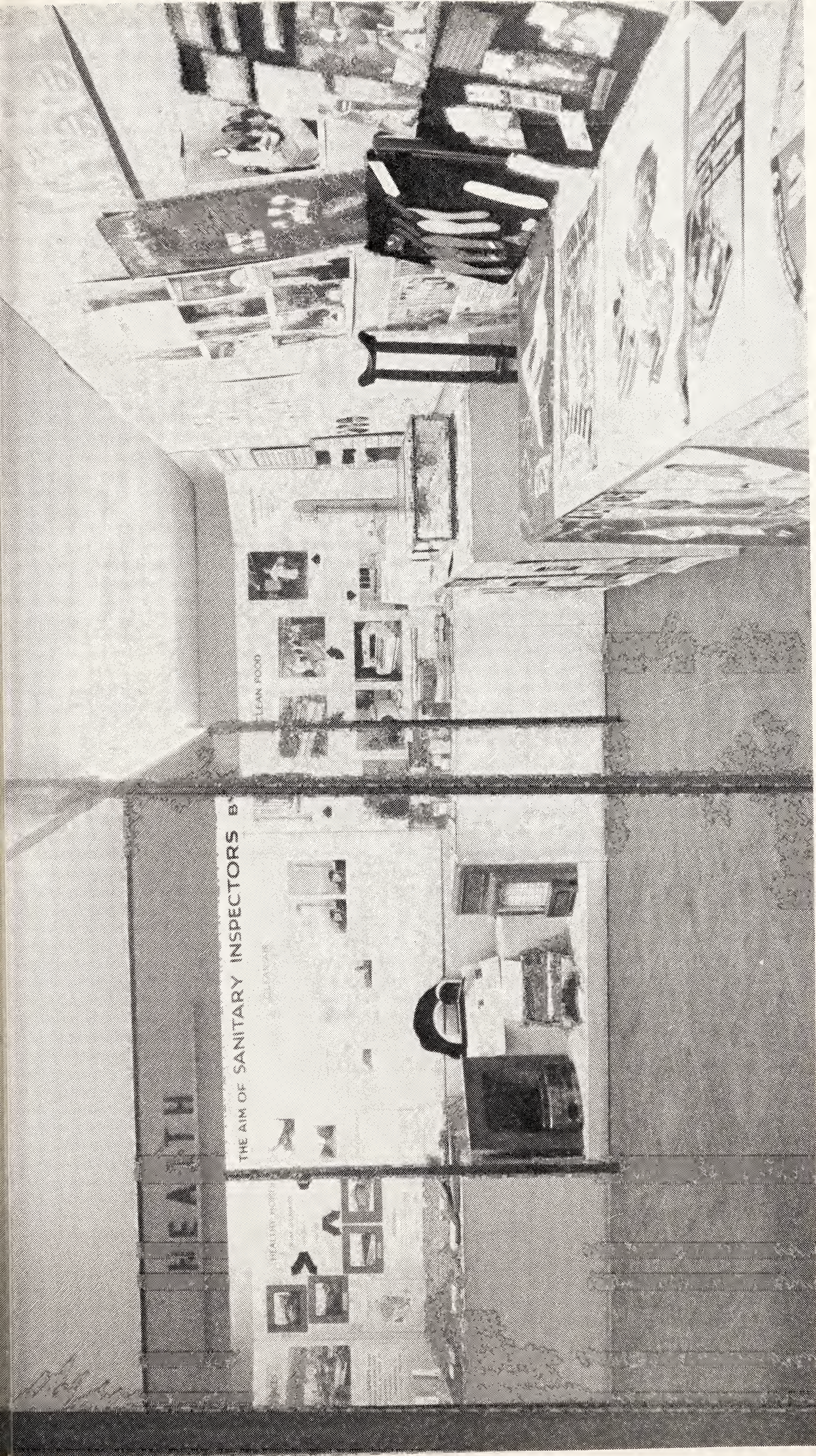
The exhibition called for a lot of work and time on the part of the staffs and was a worthy effort which was well worth while.

**A. Water Supply**

The town water supply is obtained from the reservoirs of the Newcastle and Gateshead Water Company. The main supply is upland surface water from large catchment areas in the Cheviots, where the principal impounding reservoir is at Catcleugh, the remainder coming from the reservoirs in the North Tyne Valley at Colt Crag, Hallington and Whittle Dene Areas.

All the water supplied to Tyneside by the Company passes through Whittle Dene works where there are five large and two small reservoirs. These sources are above suspicion but the water is subject to slow sand filtration and partly to mechanical filtration and thereafter chlorinated prior to being piped to service reservoirs and mains.





HEALTH STAND — CIVIC EXHIBITION





The lower parts of Gateshead are supplied by gravitation from depots at Whittle Dene, whilst a pumping station raises the water for the higher parts of the town to two reservoirs at Beacon Lough (520 feet) and Carr Hill (450 feet).

The Water Company's monthly statement of "Water in store" expressed in terms of million gallons is shown below. Days supply is based on the average daily reduction of 28 million gallons.

		<i>Million Gallons.</i>	<i>Days Supply.</i>
January	.....	5,341	191
February	.....	4,965	177
March.....	.....	5,343	191
April	.....	4,647	166
May	.....	4,523	161
June	.....	4,000	143
July	.....	3,674	131
August	.....	3,089	110
September	.....	2,506	89
October	.....	2,216	79
November	.....	2,072	74
December	.....	3,061	109

- (1) The water supply in the whole area is satisfactory in quality and quantity.
- (2) Regular examinations were made of the water going into supply.
- (3) There is very little chance of Plumbo-solvent action in the public water supply.
- (4) Practically all supplies are direct to the 34,115 houses with a population of 113,250 ; of these there are 1,908 where the supply is not inside the house.
- (5) Twelve samples were taken for bacteriological examination and twelve for chemical analysis.

A specimen result of the tests of the piped supply from the Water Company is given below :—

Chemical Examination	Parts per Million	Bacteriological Examination Plate Count Colonies per ml.
Total Solids dried at 180°C. ....	120	Coliform bacillus per 100 ml. .... 0.
Chlorine as chlorides	14.2	
Free Ammonia	0.04	
Albuminoids Ammonia	0.05	
Nitrogen as nitrates	0.60	
Oxygen absorbed (4hrs. at 80°F.)	1.70	
Total Hardness	83	
Permanent Hardness	8	
Temporary Hardness	75	
Lead and Copper	None	
Iron	0.1	
Appearance and Colour	Pale Yellow	
(Hazen degrees 15)	and clear.	
Smell and Taste	Satisfactory	
Microscopical Examination of deposit	Satisfactory	
P.H. Value 7.2		



## **B. Sewerage, Drainage and Closet Accommodation**

Belle Vue Bank relief sewer and East Park Road sewer enlargement schemes are now completed.

Water carriage is the system throughout the Borough with the exception of a few isolated houses on the outskirts of the town where sewers are not available. These exceptions are in the areas added to the town in 1932 and most of them will disappear in the future as Demolition Orders become operative. indeed, the number diminishes each year and stands at less than 20 at the present time.

## **C. River Pollution**

The River Tyne continues to be polluted by crude sewerage from this and other riparian authorities with results that have been criticised adversely in previous annual reports but without results to date, probably due to prior schemes awaiting attention.

The provision of a pumping station to pump sewage to a point where it would flow by gravity to Souter Point or North to a point near to St. Mary's Lighthouse has been suggested by the officials concerned. Steps are being taken to engage, in conjunction with other Councils concerned, consultants to carry out float tests in this connection.

As an alternative to this scheme a survey has been carried out at the request of the Ministry for the purpose of obtaining suitable sites for sewage disposal works for the whole of the Borough. Both schemes appear to have been pigeon-holed for the time being.

## **D. Public Cleansing**

I am indebted to Mr. W. C. S. Culley, M.Inst.P.C., Cleansing Superintendent, for a summary of the year's work.

### **1. Refuse Collection and Disposal**

No. of Dust Bins and Dry Boxes in the Borough 37,474.

During the year, a regular weekly collection of House and Trade Refuse was maintained, and it is estimated that 1,988,650 calls were made for dust bins and dry boxes from all classes of premises.

The refuse collected was utilised to reclaim disused land and quarries and by means of controlled tipping, 45,777 tons were disposed of as follows :—

Farnacres Tip	.....	.....	31,477
Urpeth Tip	.....	.....	13,489
Wrekenton Tip	.....	.....	811
			<hr/>
			45,777
			<hr/>

Throughout the period the refuse disposed has been by controlled tipping, and hitherto derelict plots of land are being reclaimed for use as Sports Ground.

## 2. Dust Bins

1,626 defective bins were replaced by British Standard Dust Bins from the stocks of this Department by sales to Local Property Owners and Corporation Departments.

## 3. Street Cleansing

The roads and streets of the Borough, of which there are approximately 130 miles (plus back lanes), were regularly cleansed, and the quantity of Street Sweepings collected amounted to 5,450 tons, which was disposed of as follows :—

Farnacres Tip	.....	.....	3,540
Urpeth Tip	.....	.....	1,910
			<hr/>
			5,450
			<hr/>

Two modern mechanical sweeper collectors, and an average of 35 men per day were employed on this work.

## 4. Street Gullies

Approximately 7,200 gullies were emptied, cleansed and resealed at monthly intervals or less, during the year, by two modern vehicle mounted machines. These machines can, when necessary, be used for street watering, and pressure washing, sewer flushing and cesspool emptying.

## 5. Salvage

During the year, 380 tons of reusable material valued at £3,352 was salvaged and returned to industry as raw material. There is now a heavy demand for waste paper for the Manufacturers of Fibreboards, and the present output will not meet the requirements of the Mills.

Raw kitchen waste collected in the Borough was, after treatment, fed to pigs. 1,087 pigs were sold as Porkers or Baconers and realised £17,161.

## E. Swimming Baths

The water at both Mulgrave Terrace and Shipcote Swimming Baths is taken from the Town Supply and in each case is subject to continuous filtration and chlorination treatment.

Four samples were taken for bacteriological examination, all of which were found satisfactory.

## F. 1. Inspections and Notices

Complaints received and dealt with :—

General defects	.....	.....	1,924
Absence of Water Supply			2,924
Rodent Infestation	.....		369
Other Vermin	.....	.....	109
Dustbins	.....	.....	141
			<hr/>
			5,467
			<hr/>



## Sanitary Inspection—Notices Issued

Notices were served upon the owners, agents and tenants requiring the abatement of nuisances and repairs to dwellings, drains, sanitary conveniences, etc.

### Informal Notices

#### Public Health Act, Housing Act and Gateshead Corporation Act.

No. of Notices served	1,432
No. of Notices complied with	1,310
No. of Notices superseded by Statutory Notices	64

### Statutory Notices

#### Housing Act, 1936, Section 9.

No. of notices served	63
No. of notices complied with	70
No. of notices passed to Borough Surveyor under Section 10	19
No. of notices carried out in default	6

#### Public Health Act, 1936

##### (a) Section 75—Dustbins.

No. of Notices served	80
No. of Dustbins provided by Owners	49
No. of Dustbins supplied by Corporation in default	25

##### (b) Sections 39, 83, 89 and 93

No. of notices served	33
No. of notices complied with	32

## 2. Summary of Inspectors' Visits and Inspections

#### Public Health Act, 1936

Infectious Diseases	398
Nuisances	501
Water Supplies	528
Drainage	1,130
Stables and Piggeries	30
Offensive Trades	33
Tents, Vans, Sheds	9
Refuse Disposal	513
Atmospheric Pollution	50
Infested Premises	332
Public Conveniences	29
Schools	7
Places of Entertainment	95
Fablic Houses (Section 89)	201
Miscellaneous	87
	<hr/>
	3,943

#### Housing Act, 1936

Closing and Demolition Orders	464
Slum Clearance	1,447
Overcrowding	—
Certificates of Disrepair	241
Defects and Repairs.....	8,595
Houses let in Lodgings	77
	<hr/>
	10,824

**Food and Drugs Act, 1938**

Meat Inspection	41	
Food Inspection	387	
Shops	644	
Stalls and Vehicles	2	
Restaurants	91	
Fish Fryers	21	
Dairies and Milkshops	435	
Ice Cream Shops and Factories	72	
Food Factories	67	
Public Houses	198	
Knackers Yard	11	
Food Sampling	587	
Food poisoning	280	
		<hr/> 2,836

**Factories Act :**

Factories	67	
Outworkers	61	
		<hr/> 128

<b>Merchandise Marks Act</b>	6	
<b>Fertilisers and Feeding Stuffs</b>	20	
<b>Rag Flock etc. Act</b>	28	
<b>Pet Animals Act</b>	9	
<b>Shops Act</b>	251	
<b>Diseases of Animals Act</b>	128	
<b>Prevention of Damage by Pests Act</b>	833	
		<hr/> 1,275

Total Inspections 

---

19,006

Total Visits 

---

17,162

**3. Places of Public Entertainment**

In accordance with Ministry of Health Circular dated 25th August, 1920, all places of Public Entertainment in the Borough, comprising two theatres, fourteen cinemas, three billiard halls and thirty premises licensed for music, dancing and singing have been inspected periodically involving 95 visits to such premises during the year.

For the purposes of the Authorities responsible for the licensing of the premises certificates as to the sanitary conditions were issued and reports were made to the appropriate authorities. Certificates of satisfactory conditions were issued in respect of the two theatres, eleven of the cinemas, the three billiard halls and the thirty other premises. In respect of the remaining three cinemas certificates were issued conditional upon the execution of certain works which included the provision of additional sanitary accommodation for male and female patrons in two of the cinemas and the proper screening of the interior of conveniences at the other cinemas.

The general standard of maintenance of premises used for public entertainment is satisfactory, general repairs, cleansing and decoration being carried out by the licencees readily upon request.

**4. Offensive Trades**

One registered offensive trade ceased to operate as such during the year and was struck off the register. There are now seven offensive



trades authorised to operate in the Borough as shown below. Regular inspections of these premises were made, particularly those where food-stuffs were prepared or handled.

Fat Melter	.....	1
Tallow Melters and Blood Driers	.....	1
Marine Store Dealers	.....	3
Tripe Preparer	.....	1
Hide and Skins	.....	1
		<hr/>
		7
		<hr/>

#### 5. Burial Act, 1857

No action was necessary during the year.

#### 6. Knackers Yard

The following animals and carcasses were disposed of at Dobson's Knackers Yard, South Shore Road. The premises were satisfactorily conducted :—

Horses and Ponies	.....	414
Cows	.....	569
T.B. Cows (T.B. Order)	.....	5
Other Bovines	.....	389
Sheep	.....	1
Pigs	.....	1
		<hr/>
		1,379
		<hr/>

#### 7. Shops Act, 1950, Section 38

Routine inspections of shops under the provisions of this Act involved 895 visits.

At 359 shops matters were dealt with as follows :—

Ventilation	.....	3
Temperature	.....	3
Sanitary Accommodation	.....	8
Water Supply and Washing		
Facilities	.....	12
Drainage	.....	32
Cleansing and Disinfestation		120
General repairs	.....	42
Hot Water supply installed in		
Food Shops	.....	26

#### 8. Fertilisers and Feeding Stuffs

Premises producing fertilisers and feeding stuffs were regularly visited during the year. Ten formal samples, five of fertilisers and five of feeding stuffs were taken by the inspectors for analysis by the Agricultural Analyst.

Of the five formal samples of fertilisers, three were found on analyses to be satisfactory and in two cases the statutory statements were found to be inaccurate.

Of the five samples of feeding stuffs, three were found on analyses to be satisfactory and in two cases the Statutory statements were found to be inaccurate.

In all cases where statutory statements or irregularities were found letters of caution were sent to the manufacturers and/or vendors, and, as recommended by the Ministry, where a fertiliser or feeding stuff had, been manufactured in another district, the Inspector under the Act for that district was notified and co-operated by taking further samples at the place of manufacture.

The Ministry of Agriculture and Fisheries is kept informed of all sampling under the Act and the results thereof by means of the Quarterly Reports on Form B. 491/CC.

## 9. Merchandise Marks Act, 1926

The provisions of the various orders were again brought to the notice of several shopkeepers. Particularly was this found necessary in the case of imported meat.

Special attention was given to the labelling of imported meat and fruit on display in shop windows.

The traders concerned very readily co-operated in these matters.

## 10. Prevention of Damage by Pests Act, 1949

The sewers were again treated twice during the year (23rd and 24th treatments) as required by the Ministry.

This bi-annual treatment of sewers now seems to be a permanent feature of Rodent operations. Whilst appreciating this position, that calls for continued vigilance, I have long thought that we appear to be in a rut and that some form of new treatment to exterminate the remaining rats in our sewers is long overdue. If the Ministry would recommend and permit the use of something on the lines of the Warfarin bricks for an experimental period, we might find that the present irreducible minimum of rodents in the sewers had been finally exterminated.

Surface surveys and treatments of dwelling houses, factories and refuse tips were also carried out as shown below. It is not possible to give estimated kill figures where the new anti-coagulents are used.

The number of complaints received, infestations found and treatments carried out show little change.

### Rodent Control in Sewers

		<i>1st Treatment</i>	<i>2nd Treatment</i>
Number of sewer manholes	.....	1,941	1,862
Number of manholes test baited	.....	1,305	849
Number of manholes pre-baited	.....	372	248
Number of manholes poison baited	.....	192	155
Number of poison baits taken	.....	156	126
Estimated Kill of rats in sewers	.....	520	420
Total Estimated Kill for both treatments			940



## Rodent Control in Surface Premises

Type of Premises	Local Authority Premises	Dwelling houses	Business and other Premises	Totals
1. Number of complaints of infestations .....	18	279	67	364
2. Number of infestations found by inspection of premises :—				
(a) Rats .....	10	103	57	170
(b) Mice .....	9	177	20	206
3. Number of treatments of premises by Local Authority's Rodent Operators .....	28	274	52	354
4. Number of premises treated by Occupiers.....	—	35	29	64

## 11. Disinfestation of Verminous Premises

The number of houses requiring treatment on account of bug and flea infestation reached a new low figure. Whether this position, which is not confined to this town, can be attributed to the use of more efficient insecticides, e.g. D.D.T. and Gammexane or to a higher standard of cleanliness in the homes must remain a matter of conjecture—perhaps it could be attributed to a combination of both. Whatever the cause, it is a matter for much satisfaction that vermin infested houses are very much the exception today. The following table shows the number of premises treated :—

Premises treated for Cockroaches				
Council houses .....				7
Private Houses .....				4
Hospitals .....				8
Other premises .....				1
				—
				20
Premises Treated for Bugs and Other Vermin				
Council houses .....				11
Private Houses .....				19
Other premises .....				3
				—
				33
Furniture disinfested on removal to Council houses				34
				—
				34
				—
				87
				—

## 12. Atmospheric Pollution

The smoke pollution caused by the servicing of locomotives in the Borough Garden Engine Sheds of British Railways and so often reported previously, still continues. The long suffering local residents have not complained recently but this could be either due to some slight improvement, or, that they have become tired of complaining. Whatever may be the reason for their patience, I cannot understand why a nationalised industry should not set an example to private enterprise by executing a vigorous campaign—not theoretical but operational—to bring to an end the gross pollution of the atmosphere from railway locomotives, not only in Gateshead but throughout the country.

The difficulties are appreciated but, to my mind, not sufficient attention is being given to this all important subject.

The introduction of the oxygen enrichment process of steel production by a local factory, has resulted in a very heavy daily pollution in the form of dense clouds of orange coloured fume of very fine particles of iron oxide, being discharged several times daily. The management, when interviewed by the Medical Officer of Health, the Alkali Works Inspector and the Chief Sanitary Inspector, stated that this process was being more and more adopted in this country and that the industry was experimenting with a view to minimising the pollution. Further, the manager stated that the particles were so minute that they were disseminated and did not fall near the works—a statement very much open to question during a spell of temperature inversion and other conditions unfavourable to the dispersal of pollutants.

### Deposit Gauges

The readings of the three deposit gauges for 1954 and 1955 are shown below :—

<i>Site of Gauge</i>		<i>Deposit Tons per square mile</i>		<i>Mean Average Tons per square mile</i>		
		1954	1955			
Corporation Yard	Month	27.46	23.73			
	year	329.6	284.75			
Shipcote	Month	21.22	19.78	Month	1954 20.66	1955 18.67
	Year	254.73	237.34	Year	247.98	224.13
Sheriff Hill Hospital	Month	13.3	12.52			
	Year	159.61	150.29			
				1954	1955	
Estimated weight of deposit on the Borough—Tons per month				121.87	130.73	
Estimated weight of deposit on the Borough—Tons per year				1,462.48	1,568.78	

The estimated amount of deposit that fell during 1955 shows a slight increase but this is due to the figure being based on the increased acreage of the Borough.

Air pollution from residential areas (as shown in Shipcote District) continues to be substantial. The creation of smokeless zones under the anticipated Clean Air Act will surely reduce to passable limits the fouling of the air we breathe. This will only be possible when a plentiful supply of smokeless fuel is available, or heat can be derived from other sources, but this latter would appear to be still a flight of fancy.

It was anticipated that the Clean Air Bill would have been law before now. One is almost inclined to be somewhat pessimistic regarding the ultimate value of the proposed legislation if the number of amendments and the opposition to it count for anything. To me, the issue is crystal clear and that is to make it an offence to pollute the atmosphere by any means, in any place and impose very severe penalties for so doing.



### 13. Infectious Diseases

398 visits were made to cases of infectious diseases notified to the Medical Officer of Health. Housing conditions, means of isolation, milk supply, etc., were inquired into.

### 14. Factories Acts, 1937 and 1948

The Register of Factories, required to be kept by the District Council in accordance with Section 8(3) of the Act of 1937, has been revised after comparison with the lists of factories kept by H.M. Inspector of Factories and shows a total of 428 factories in the Borough at the end of the year, of which 415 are factories in which mechanical power is used and 13 are factories in which mechanical power is not used.

Defects and contraventions found during the course of inspections were readily remedied by the factory occupiers upon their attention being drawn to such and, in 15 cases, written notices were sent to occupiers.

Notices received from H.M. Inspector of Factories in respect of 13 factories in the Borough relating to matters requiring the attention of the District Council, under the provisions of Part I of the Act of 1937, received attention with satisfactory results.

The co-operation which continues to be maintained between this Department and H.M. Inspectors of Factories facilitates the work under the Acts with beneficial results.

The particulars required by Section 128(3) of the Act of 1937, to be reported with respect to matters under Part I and Part VIII of the Act which are administered by the District Council and prescribed by Form 572 of the Ministry of Labour and National Service, are shown in the table below :—

#### (1) Inspections

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	12	6	2	—
(ii) Factories not included in (i) in which section 7 is enforced by the Local Authority .....	415	60	13	—
(iii) Other premises in which Section 7 is enforced by the Local Authority .....	1	1	—	—
	428	67	15	—

**(2) Cases in which Defects were found**

Particulars	Number of cases in which defects were found				Prosecutions
	Found	Remedied	Referred		
			To H.M. Insp'tor	By H.M. Insp'tor	
Want of Cleanliness .....	2	3	—	2	—
Overcrowding .....	—	—	—	—	—
Unreasonable temperature .....	—	—	—	—	—
Inadequate ventilation .....	—	—	—	—	—
Ineffective drainage of floors .....	—	—	—	—	—
Sanitary Conveniences :—					
(a) Insufficient .....	1	1	—	1	—
(b) Unsuitable or defective .....	16	17	—	15	—
(c) Not separate for sexes .....	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work) .....	—	—	—	—	—
	19	21	—	18	—

**Outworkers—Part VIII of the Act, Sections : 110 and 111**

Twenty-four (24) outworkers were notified as being employed by the occupier of a factory within the Borough, of these 20 were resident in four areas outside the Borough. The four local authorities concerned were notified.

The names and places of employment of 58 outworkers within this District, employed by the occupiers of four factories outside the Borough were notified by the Councils of two other Districts.

There were 40 outworkers on the register for the earlier part of the year and 9 for the later part.

The places of employment of all outworkers, which were in all cases their homes, were visited and no contraventions of this part of the Act were found.

No cases of default in sending in lists of outworkers to the Council were found and no occasions arose for the service of notices or for prosecutions under this part of the Act.

**15. Rag Flock and Other Filling Materials Act, 1951**

There are in the Borough the following premises licensed or registered under the Act as shown :—

Premises licensed to manufacture Rag Flock .....	1
Premises registered to use filling materials to which the Act applies .....	16
	<u>17</u>



Thirteen samples of Filling Materials for analyses were taken at Licensed and Registered premises as follows:—

Rag Flock	.....	.....	.....	5
Cotton Felt	.....	.....	.....	3
Coir Fibre	.....	.....	.....	2
Hair and Fibre	.....	.....	.....	2
Hair	.....	.....	.....	1
				<hr/>
				13
				<hr/>

The tests showed that all samples complied with the requirements of the regulations, except one informal sample of rag flock. A formal sample subsequently taken from the same manufacturer was found to comply with the Regulations.

Twenty-eight visits were made to licensed and registered premises during the year.

### **Pet Animals Act, 1951**

There are three licensed pet shops in the Borough, all of which are regularly inspected. In one case only it was necessary to caution the occupier with respect to the manner in which the premises were being used and with respect to overcrowding of birds and animals.

### **G. Diseases of Animals Act and Orders**

#### *Live Stock Markets*

Statement of number of animals which passed through Messrs. Maughan's Auction Marts, Tyne Road East, which is an official certification centre:—

			<i>Fat Stock for Slaughter</i>	<i>Store Stock</i>
Cattle	.....	.....	6,454	21
Sheep	.....	.....	19,685	—
Calves	.....	.....	84	—
Pigs	.....	.....	8,791	581
Dairy Cows	.....	.....	—	—
Horses	.....	.....	—	325
			<hr/>	<hr/>
			35,014	927
			<hr/>	<hr/>

63 Sales were held and an inspector attended all sales for the purposes of issuing movement licences and the general supervision of cleansing and disinfection. The numbers of animals passing through the mart showed a substantial increase in fat stock and a corresponding reduction in stores.

### **Pedigree Pig Sales**

No sale of Pedigree Pigs on behalf of the North of England Pedigree Pig Breeders' Association was held at Maughan's Mart during the year.

### **Irish Animals Order—Authorised Market**

2 Sales of freshly landed Irish cattle took place during the year involving:—

39 Freshly landed cattle  
 2 Licences received  
 6 Licences issued.

### Transit of Animals Order

Cleansing and Disinfection of road vehicles was supervised at Messrs. Maughan's Washing Dock, Redheugh Bridge Road, at which 1,050 vehicles were dealt with.

### Regulation of Movement of Swine Order, 1950

Movements of animals under this Order were as follows :—

	<i>No. of Licences</i>	<i>No. of Swine</i>
Movements of Swine from Maughan's Auction Mart to premises outside the Borough .....	602	9,340
Movements of Swine from Maughan's Auction Mart to premises within the Borough .....	5	32
Movement of Swine to premises within the Borough received and checked .....	47	959
Movements of Swine into Maughan's Auction Mart as Collecting Centre for Animals for slaughter were received and checked .....	3	33

A licence authorising the movement of swine to any place except a slaughterhouse or bacon factory shall require the swine to be detained and kept separate from all other swine for a period of 28 days. Regular inspections were carried out to see that such conditions were being observed.

No contraventions of the Order were met with during the year.

### Swine Fever

The Borough was free from any outbreak of Swine fever during the year.

### Foot and Mouth Disease

An outbreak of Foot and Mouth Disease was confirmed in an adjoining area which brought the Borough within an area of control under the resultant Orders of Restriction which were made by the Ministry of Agriculture, Fisheries and Food. Three special licences were granted to Messrs. T. and I. Maughan to enable them to hold their weekly sales of fat stock for immediate slaughter at their Certification centre on behalf of the Ministry. 146 movement licences involving 175 cattle, 394 sheep, 503 pigs and 9 calves were issued by this Department.

61 movement licences involving 154 cattle, 324 sheep, 473 pigs and 9 calves were countersigned.

### Sales of Poultry

Licences were granted under the Live Poultry (Restrictions) Order, 1952 to Messrs. T. and I. Maughan and Company, Limited, to hold weekly sales at their Market in Redheugh Bridge Road.



No sales were held during the year.

**Tuberculosis Order**

No case of Tuberculosis in dairy herds was notified during the year.

## PART VI

## INSPECTION AND SUPERVISION OF FOOD

## A. Milk and Dairies

## 1. Cow Byres

There is now only one dairy farm in the Town. The herd at this farm consists of seven attested cows and the owner holds a producer's licence issued by the Ministry of Agriculture, Fisheries and Food to use the special designation "Tuberculin Tested" in relation to the milk produced from the herd.

## 2. Milk Retailers

Distribution of milk in the Borough is carried out as follows by :—

Producer Retailers from outside the Borough	.....	.....	2
Producer Retailers from within the Borough	.....	.....	1
Retailers distributing from premises outside the Borough			8
Retailers distributing from premises within the Borough			10
Retailers (Shops)	.....	.....	395
			<hr/> 416 <hr/>

## 3. Purity of Milk

95 formal and 8 informal samples of milk were taken under the Food and Drugs Act, 1938, the results of which show the milk supply to the Borough to be of a very satisfactory quality (see table under Section C.).

## 4. Milk (Special Designation) (Raw Milk) Regulations, 1949

## Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949

The following tables give the various grades for which 554 licences were issued :—

## Tuberculin Tested

Dealer s Licences	.....	.....	.....	.....	.....	.....	58
Supplementary Licences	.....	.....	.....	.....	.....	.....	9

## Pasteurised and Sterilised

Dealers Pasteurisers Licences	.....	.....	.....	.....	.....	.....	3
Dealers Licences to use designation "Pasteurised"	.....	.....	.....	.....	.....	.....	81
Dealers Licences to use designation "Sterilised"	.....	.....	.....	.....	.....	.....	391
Supplementary Licences to use designation "Pasteurised"	.....	.....	.....	.....	.....	.....	8
Supplementary Licences to use designation "Sterilised"	.....	.....	.....	.....	.....	.....	4
							<hr/> 554 <hr/>

## Bacteriological Examination of Milk

The following summary shows the total number of samples taken during the year and submitted for the prescribed tests under the Milk (Special Designation) (Raw Milk) Regulations 1949, the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulation 1949, and the Heat Treated Milk (Ministry of Health) Circular 31/44.



1. Methylene Blue Test	.....	209
2. Phosphatase Test	.....	205
3. Tuberculosis Biological Test	.....	5
4. Turbidity Test	.....	21
		<hr/> 440 <hr/>

Class of Milk	Appropriate Test	No. Examined	No. Satisfactory	No. Unsatisfactory	No. Invalidated	Percentage Satisfactory
Pasteurised	Methylene Blue	96	94	2	—	97.9%
	Phosphatase	96	89	7	—	92.7%
	An. Inoc. T.B.	—	—	—	—	—
School Milk Supply Pasteurised	Methylene Blue	82	78	3	1	96.3%
	Phosphatase	82	81	1	—	98.7%
	An. Inoc. T.B.	2	2	—	—	100.0%
Sterilised	Turbidity	21	21	—	—	100.0%
Tuberculin Tested Pasteurised	Methylene Blue	27	25	1	1	96.3%
	Phosphatase	27	23	4	—	85.1%
	An. Inoc. T.B.	—	—	—	—	—
Tuberculin Tested	Methylene Blue	4	4	—	—	100.0%
	An. Inoc. T.B.	4	3	—	1	100.0%
		441	420	18	3	95.2%

The results of the samples of milk submitted for the various tests during the year 1955 show a slight decrease in the percentage satisfactory on the previous year's results.

The exceptionally hot summer probably accounted for the increase in the number of samples failing the methylene blue test. One dairyman in the Borough checked the temperature of the milk in the churns arriving by road and found it to be between 70°-80°F. during the very hot weather.

The reason for the increased number of samples failing the phosphatase test was due to a fault at one of the pasteurising plants in the Town. This fault has since been rectified but a modern plant is to be installed as soon as possible.

During the year three complaints were received and investigated in respect of dirty milk bottles.

Two complaints were also received regarding the condition of the milk churns returned by a dairy in the Borough to a farmer in another area. Numerous inspections of the churns were made as they left the churn washing machine and no grounds for complaint could be observed.

#### **Milk and Dairies Regulations, 1949**

No cases of mastitis or tuberculosis were reported amongst cows in the Borough by the Ministry of Agriculture, Fisheries and Food during the year.

### Schools, Nurseries and Hospitals

Regular sampling of milk supplied to the schools, nurseries and hospitals in the Borough was carried out during the year.

The results of these samples are included in the preceding summary.

### Bacteriological Examination of Ice Cream

60 samples of ice cream and ice cream mix were submitted for the methylene blue grading tests with the following results :—

Grade 1.	.....	.....	.....	.....	39
Grade 2	.....	.....	.....	.....	5
Grade 3	.....	.....	.....	.....	10
Grade 4	.....	.....	.....	.....	6

73.3.% of the samples were satisfactory as compared with 74% in 1954.

The unsatisfactory samples were dealt with in the following manner :—

- (a) The six from manufacturers in the Borough by check sampling either during and/or after manufacture.
- (b) The ten from manufacturers outside the Borough by notifying the local authority concerned of the results of the samples.

### Chemical Analysis of Ice Cream

Six informal samples of ice cream were submitted for analysis and all were reported as complying with the standard.

### Ice Cream Premises

Premises registered for the manufacture of Ice Cream at beginning of year	12
Premises registered for sale of ice cream at beginning of year	241
Premises added to register for sale of ice cream during the year	31
Premises removed from register for sale of ice cream during the year	2
Total number of premises registered for sale of ice cream at end of 1955	<u>270</u>

Regular inspections of these premises were carried out.

## B. Food and Drugs Act, 1938

### Inspection of Meat and Other Foods

#### 1. Slaughterhouses

There are no slaughterhouses in the Borough at the present time. Those in use at the time of meat control in 1940 have all either fallen into a state of extreme disrepair, have been put to some other use, or have been demolished.



This state of affairs is most unfortunate for the Town as all butchery meat has to be slaughtered in other areas and this situation makes it extremely difficult to ensure 100% inspection of meat sold. A Borough the size of Gateshead should have a modern abattoir where the supervision and inspection of slaughtering, carcase meat and other edible offal and bye-products would be under the control of the Local Authority.

## (2) Unsound Foods

Not an inconsiderable amount of time has to be given to the inspection of foodstuffs at warehouses. The amount condemned is slightly larger than last year.

All food condemned as unfit for human consumption and found suitable for animal feeding was released for that purpose, either directly to piggeries, or to processing factories.

The following table summarises the total weight in pounds of such foodstuffs all of which was voluntarily surrendered and, consequently, was not the subject of magisterial condemnation. Canned hams constitute a high percentage of the total which indicates careless handling, canning or packing and is much too high a figure in these days of high cost.

	lbs.
(a) Butcher Meat and Bacon .....	5,227
(b) Provisions .....	1,704
(c) Fruit and Vegetables .....	96
(d) Carton and Packet Foods (Cereals, etc.) .....	140
(e) Tinned Meat and Fish .....	9,012
(f) Tinned Vegetables, Fruits, Soups, etc. ....	2,811
(g) Tinned Milk .....	253
(h) Preserves (Pickles and Essences) .....	215
TOTAL .....	19,458

8 Tons, 13 cwt., 2 qtrs., 26 lbs.

## 3. Foreign Bodies In Foodstuffs

The following table shows the number, etc., of articles of unsound food containing foreign bodies, brought to the Department during the year and the action taken in respect thereof.

Article of Food	Offence	Legal Proceedings		Observations
		Fines	Costs	
Currant Square	Contained a Metal Staple .....	£10	£7 0s. 6d.	Conditional discharge.
Christmas Cake	Contained a Nail .....	£10	£3 10 6d.	
Cream Cake	Contained a fly .....		£3 17 0d.	
Flour	Contained Maggots .....	£10	£3 8s. 0d.	
Grannie Loaf	Contained Cigarette .....	£5	£3 3s. 0d.	Cautioned by Town Clerk
Orange Juice	Contained a Safety Pin .....			

## Notices Served under Food and Drugs Act, 1938

No. of Informal Notices served 1955	.....	5
No. of Informal Notices outstanding from 1954	.....	22
No. of Informal Notices complied with 1955	.....	8
No. of Informal Notices outstanding at end of 1955	.....	19

### 4. Registered Premises

#### Preserved and Pickled Meats, Sausages, etc.

There are 51 premises registered for the manufacture of preserved and pickled meat and sausages. Regular inspections by the District Inspectors were carried out. Improvements, etc., effected are shown in the table in respect of food premises at the end of the report.

### 5. Bakehouses

There are 45 bakehouses in the Borough of which 40 have mechanical power and 5 have not. Regular inspections have been maintained during the year under review and on no occasion was it found necessary to take other than very informal action to remedy any defect. The standard of cleanliness in the bakehouses is high and all are equipped to a standard over and above Section 13, Food and Drugs Act, 1938.

### 6. Transport and Handling of Meat

One can again make reference to the all-round improvement in the standard of Hygiene in respect of the transport and handling of meat—doubtless due to the return to individual buying, slaughtering and transport by the butchers themselves. The care and attention of all foodstuffs, whether game, flesh, fish or any other is one of vast importance. How that importance is appreciated by the handler is a reflection very often of his relationship to the commodity, i.e. owner or his servant against a disinterested agent or agent's servant. There must of course, be exceptions to this broad statement but the improvement already referred to would appear to support this line of thought.

### Clean Food Campaign

It had been hoped to complete the second round follow up survey of all food shops and preparation premises during the year but this was not possible owing to staff shortage. When the establishment is at full strength again it should be possible to pursue this matter with the zeal that has hitherto been evinced.

During 1955 the Chief Sanitary Inspector and staff again delivered several talks to voluntary organisations on this subject.

### 7. Clean Food Traders' Guild

The Clean Food Traders' Guild did not meet during the year. The committee may be brought into action again when the new Food and Drugs Act is brought into operation. The opportunity of re-awakening interest was taken in the Civic Exhibition held in November, 1955.



## 8. Licenced Premises (Public Houses, etc.)

### Summary of Works carried out at Public Houses in 1955

The inspection of the 114 public houses in the Borough was continued during the year. The following summary of works carried out as a result thereof is shown below :—

No. of premises where work as been carried out	22
--	----

#### Work Done

Premises redecorated .....	3
Cellars cleansed and redecorated .....	3
Cellar floors repaired .....	1
Urinals reconstructed in glazed slabs .....	2
Flushing apparatus provided to urinals .....	6
Ladies Toilet provided .....	3
Washing facilities for staff provided .....	18
Hot water supply provided to bar sink .....	10
Ventilation of bars and sitting rooms improved .....	2
Traps provided to sink waste pipes .....	2
Beer Pipes renewed .....	1
Intervening ventilated spaces provided between sanitary conveniences and bars .....	2

## 9. Byelaws, Handling and Wrapping, etc., of Food

Regular attention has been directed to the exposure of open foodstuffs upon counters and food handling generally. Informal action was taken where such display and handling constituted a contravention of the Bye-laws.

When the new Food Hygiene Regulations come into operation next year it is hoped, with sufficient staff, to re-embark on the enforcement of this protective legislation and maybe on the education of food handlers and the public.

## 10. Importation of Foodstuffs

The following table shows the amount of foodstuffs landed at Hillgate Quay from the Continent :—

	<i>Tons</i>
1. Milk and Milk Powder	16 $\frac{3}{4}$
2. Margarine and cooking fat	433 $\frac{1}{2}$
3. Vegetables—fresh	5,450 $\frac{1}{4}$
4. Fruits—fresh .....	1,665 $\frac{3}{4}$
5. Vegetables—tinned	—
6. Fruits—canned	310 $\frac{1}{4}$
7. Vinegar .....	—
8. Pickles and Sauces	102 $\frac{1}{2}$
9. Bacon, Eggs, Butter and Cheese	2,112
10. Dried Egg Custard Powder	127
11. Cakes and Biscuits .....	9 $\frac{1}{2}$
12. Beer, Wine, Spirits and Alcohol	189 $\frac{3}{4}$
13. Cereals .....	646 $\frac{1}{4}$
14. Meats—tinned ..	926 $\frac{1}{4}$
15. Chocolate, Sweets, etc.	34 $\frac{1}{4}$
16. Other Foodstuffs ..	294 $\frac{3}{4}$
<b>TOTAL</b>	<b>12,318<math>\frac{3}{4}</math></b>

## C. Samples taken for Analysis during the year 1955

Sample	No. of Samples	Genuine	Adulterated or Irregular
<b>Formal</b>			
Milk	95	94	1*
Mincemeat	1	—	1†
Fish Cakes	1	—	1a
<b>Informal</b>			
Arrowroot	1	1	—
Butter Crunch	1	1	—
Butter Toffee	1	1	—
Butter	2	2	—
Beef Suet	2	2	—
Bronchial Mixture	1	1	—
Cheese Spread	1	1	—
Coffee and Chicory Essence	3	3	—
Cakeflour	1	—	1zz
Cough Mixture	1	1	—
Coffee	2	2	—
Custard Powder	1	1	—
Cooking Fat	1	1	—
Cream of Chicken Soup	1	1	—
Cream of Mushroom Soup	1	1	—
Cornflour	2	2	—
Cough and Cold Mixture	1	1	—
Cream of Tomato Soup	1	1	—
Chopped Chicken	1	1	—
Dressed Crab	1	1	—
Fish Cakes	3	2	1†
Flavoured Milk	1	1	—
Fresh Cream	1	1	—
Flour	1	1	—
Farinoca	1	1	—
Ground Ginger	1	1	—
Ground Rice	1	1	—
Horseradish Relish	1	1	—
Ice Cream	6	6	—
Jam	5	5	—
Jelly Marmalade	1	1	—
Junket	1	1	—
Lard	2	2	—
Lemon Curd	3	3	—
Milk	8	4	4**
Mint Sauce	1	1	—
Mussels	1	1	—
Milk Drops	1	1	—
Meat Pudding	2	2	—
Meat Paste	2	2	—
Mincemeat	3	3	—
Margarine	2	2	—
Non-Brewed Condiment	2	2	—
Orange Crush	3	3	—
Processed Peas	1	1	—
Pork Brawn	1	1	—
Processed Cheese	1	1	—
Pickled Beetroot	1	1	—
Sunny Spread	1	1	—
Salmon Spread	1	1	—
Sandwich Spread	2	2	—
Sterilised Cream	1	1	—



Sample	No. of Samples	Genuine	Adulterated or Irregular
Sauce .....	1	1	—
Stuffed Pork Roll .....	1	1	—
Sherbet .....	1	1	—
Semolina .....	1	1	—
Salmon Sandwich .....	1	1	—
Tea ..	1	1	—
Table Jelly .....	3	3	—
Tongue Paste .....	1	1	—
Tomato Juice...	1	1	—
Tinned Beans with Tomato Sauce	1	1	—
Tinned Salmon .....	3	3	—
Vesop (Flavouring) .....	1	1	—
Vinegar .....	2	2	—
White Pepper .....	1	1	—
	204	195	9

- \* Sample from bulk supply—deficient in non-fatty solids to the extent of 3.0%. Letter of caution sent to vendor and dairyman.
- † Sample of mincemeat deficient in fat to the extent of 47.6%. Manufacturer prosecuted and fined £5 and costs.
- \*\* 3 Informal samples of milk, taken on arrival at Pasteurising Dairy, deficient in non-fatty solids to the extent of 0.3%, 1.5% and 0.2% respectively.
- 1 Sample of milk taken on arrival at Pasteurising Dairy deficient in non-fatty solids to the extent of 4.1% and in fat to the extent of 6.6%. Food and Drugs authority at place of production notified.
- zz Sample of Cakeflour grossly infested with flour mites. Remaining stocks destroyed.
- a Fish Cakes deficient in fish content to the extent of 36.5%. Formal samples to be taken.
- Formal sample deficient in fish content to the extent of 32.5%. Vendor prosecuted and fined £10 and costs.

## PART VII

## HOUSING

During the year 445 houses were added to the 2,556 houses provided by the Local Authority since 1945. A further 28 houses were built by Gateshead County Borough Council outside the boundary and, in addition, 284 houses were made available for Gateshead tenants by the Felling Urban District Council, thus a total of 757 families were re-accommodated in new houses—88 of these families were from dwellings subject to Demolition or Closing Orders.

## Unfit Houses

These houses must be considered in two sections. The first section being those houses scheduled for clearance prior to 1939, 76 of which were demolished or closed leaving 1,183 still in use at the end of the year now under review.

The second section is that formed by the houses revealed by the Housing Survey carried out in 1950 as being fit subjects for inclusion in Clearance Areas. These numbered 2,799 making a total of almost 4,000 unfit houses in use at the end of the year.

During the year individual Demolition or Closing Orders were applied to 82 dwellings occupied by 97 families all of these houses were within the areas which will eventually form Clearance Areas.

The following table gives the position regarding houses subjected to Demolition Orders, Closing Orders and Undertakings by owners not to relet :—

Orders	Orders Applied	No. of Houses	No. of Families	No. of Families rehoused 1955	Families remaining end of 1955
Demolition Orders .....	Prior to 1955	42	45	34	11
Closing Orders .....	do.	55	70	46	24
Undertaking not to relet .....	do.	Nil	Nil	—	—
Demolition Orders .....	During 1955	26	33	19	14
Closing Orders .....	do.	56	64	25	39
Undertaking not to relet .....	do.	Nil	—	—	—
		179	212	124	88

The following table gives an account of the houses demolished and dwellings closed during the year and of the persons displaced there from



	Dwelling Houses Demolished	No. of Persons Displaced
<b>Houses included in Clearance Areas</b>	Nil	Nil
<b>Houses not included in Clearance Areas</b>		
<b>HOUSES DEMOLISHED OR CLOSED</b>		
1. <i>Housing Act, 1936</i>		
(a) Houses demolished as a result of formal or informal procedure under Section 11	54	218
(b) Houses closed in pursuance of undertaking given by owner under Section 11 and still in force	1	4
(c) Parts of buildings closed (Section 12)	63	217
2. <i>Housing Act, 1949</i>		
(a) Closed as a result of Closing Orders under Section 3(1) and 3(2)	Nil	Nil
3. <i>Local Government Miscellaneous Provisions Act, 1953</i>		
Closed under Section 10(1) and 11(2)	3	12

An account of the number of houses made fit by informal action and by statutory powers is here presented :—

## Repairs

*No. of Houses*

### Informal Action

Number of unfit houses rendered fit and houses in which defects were remedied during the year as a result of informal action under the Housing or Public Health Acts 1,383

### Action under Statutory Powers

#### *Public Health Acts*

Number of houses in which defects were remedied after service of formal notice

(a) by Owners 17  
(b) by Local Authority in default of Owners Nil

#### *Housing Acts, 1936*

Number of houses made fit after service of formal notice under Sections 9, 10, 11 and 16.

(a) by Owners 61  
(b) by Local Authority in default of Owners 4

## Housing Repairs and Rents Act, 1954

This Act—as was anticipated—has not been instrumental in attracting landlords to carry out works of repair to dwelling-houses with a view to securing an increased rental. Indeed, it would appear that very few owners have found it possible to incur the expenditure necessary to entitle them to such increase.

In the meantime the steady but sure deterioration of many of the working class houses continues with the inevitable result that at some not far distant future a situation will have developed where the authorities will be confronted with a housing problem incapable of solution unless some means of assisting owners to execute repairs are forthcoming or, alternatively, local authorities take over these houses.

### Overcrowding

This was the most serious aspect of housing during the years immediately following the second war, when so many families were without separate accommodation. Since 1945 some 3,350 families have been rehoused and it must be acknowledged that the extent of overcrowding must now be greatly reduced and may be almost within controllable limits. As no precise information is available in respect of overcrowding, nothing more reliable than an estimate, which is affected by a number of factors, can be given as to the number of families still living in overcrowded conditions. One point which can be made, and this was brought to notice during surveys of the areas scheduled for clearance, is that the greatest degree of overcrowding appears to exist in these areas, because they are comprised almost entirely of one-roomed or two-roomed dwellings, and since the average sized family is more than 3 persons it is obvious that a great number of these dwellings will be overcrowded.

### Slum Clearance

This major work was revived during 1955 and given a good start by the Council's approval of a programme of clearance for the next 20 years.

This programme was divided into 2 parts. Part one being the action during the first five years and was based on an allocation of 250 new houses per year. In this part is included 1,314 houses occupied by 1,490 families. These houses being in fact the remainder of the properties scheduled for clearance prior to 1939.

The Second Part of the programme, based on an allocation of 200 new houses per year forms the remaining 15 years and plans the clearance of 1,800 houses occupied at present by 3,243 families. The success of this programme depends entirely upon the allocation of new houses. If the allocation falls short of the specified Numbers, clearance will be retarded and, in reverse, if more houses are made available the programme will be speeded up.

The next most important item in this field was that of making a Clearance Area involving 794 houses and 922 families. This Area (Chandless Clearance Area) has been made the subject of two Compulsory Purchase Orders, both of which have been submitted to the Minister of Housing and Local Government for confirmation.

### Housing Requirements

Housing accommodation required depends upon the demands of Slum Clearance and Overcrowding and can be assessed only as the demands of these two items can be assessed.

So far as Slum Clearance is concerned a definite number of houses are known to be required, the sooner they are provided the sooner will the needs of the present programme be satisfied and then further programmes may be outlined.

Housing accommodation requirements for families overcrowded can only be assumed because the extent of overcrowding can only be assumed until a full scale overcrowding survey is carried out.



We therefore know that at the present time some 4,000 houses are required for slum clearance replacements, plus an unknown quantity for overcrowded families.

W. A. MEARS,  
*Chief Sanitary Inspector.*

# ANALYSIS OF DEATHS ACCORDING TO CAUSES, AGES, SEX AND WARDS DURING THE YEAR 1955.

	Total	Males	Females	0-1 Yrs.	1-2 Yrs.	2-5 Yrs.	5-15 Yrs.	15-25 Yrs.	25-45 Yrs.	45-65 Yrs.	65-75 Yrs.	75 Yrs. & Over	North	North-East	North West	Central	East Central	South Central	West Central	East	South	West	Total Deaths in Public Institutions	Transferable Deaths	
																								In	Out
Certified	1292	695	597	57	4	5	5	13	70	292	344	502	73	46	126	111	68	146	132	153	186	251	—	103	248
Uncertified	56	46	10	2	—	—	—	—	2	20	20	12	6	2	7	4	8	5	2	9	3	10	—	2	6
1. Tuberculosis, Respiratory .....	23	16	7	—	—	—	—	1	9	8	4	1	1	2	2	3	—	1	3	6	2	3	10	—	1
2. Tuberculosis, Other	2	1	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease	10	9	1	—	—	—	—	—	—	5	4	1	—	—	1	1	—	2	3	1	—	2	2	1	1
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	2	1	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	2	—	—
8. Measles	1	—	1	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	2	2	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
10. Malignant Neoplasm, Stomach	42	23	19	—	—	—	—	—	2	19	12	9	3	3	4	4	1	5	3	6	9	1	2	—	—
11. " " Lung, Bronchus	53	46	7	—	—	—	—	—	3	30	17	3	2	4	7	5	3	5	7	8	7	5	32	7	3
12. " " Breast	11	—	11	—	—	—	—	—	1	8	3	2	3	—	3	2	1	3	1	1	2	2	4	—	3
13. " " Uterus	14	—	14	—	—	—	—	—	1	5	4	1	—	—	1	—	—	1	—	—	—	—	—	—	—
14. Other Malig. & Lymphatic Neoplasms	135	76	59	—	1	—	—	1	8	44	37	44	11	4	14	9	8	12	17	13	20	27	100	15	44
15. Leukaemia, Aleukaemia	6	4	2	—	—	1	—	—	1	2	1	1	1	—	2	—	—	—	—	—	—	—	—	—	—
16. Diabetes	3	—	3	—	—	—	—	—	1	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Vascular Lesions of Nervous System	191	84	107	—	—	—	—	—	8	29	72	82	6	9	16	19	4	25	12	29	28	43	93	—	—
18. Coronary Disease, Angina	176	126	50	—	—	—	—	—	4	63	59	50	13	4	16	13	18	18	15	27	23	29	81	6	20
19. Hypertension with Heart Disease	28	12	16	—	—	—	—	—	1	4	12	11	2	—	2	4	—	8	3	3	2	4	18	—	—
20. Other Heart Disease	175	78	97	—	—	—	1	—	7	13	45	109	5	4	19	15	9	23	15	16	26	43	62	10	14
21. Other Circulatory Disease	58	33	25	—	—	—	—	—	2	7	16	33	—	3	4	5	3	9	4	4	12	14	38	4	11
22. Influenza	9	4	5	1	—	—	—	—	—	1	2	5	—	—	—	—	—	1	1	3	2	13	4	—	—
23. Pneumonia	16	11	5	4	—	—	—	—	—	2	2	7	2	2	—	—	1	1	3	1	3	2	13	4	3
24. Broncho Pneumonia	55	23	32	10	1	—	—	—	1	5	10	28	2	3	5	6	4	7	5	6	6	11	44	—	5
25. Bronchitis	94	67	27	1	—	—	—	1	2	24	27	39	8	2	13	10	7	9	16	10	9	10	41	1	9
26. Other Diseases of Respiratory System	15	10	5	—	—	—	—	—	3	4	5	3	—	—	2	1	—	—	2	5	5	8	—	—	2
27. Ulcer of Stomach & Duodenum	16	9	7	—	—	—	—	—	—	6	6	4	—	—	—	4	1	3	4	1	1	2	16	3	5
28. Gastritis and Enteritis	6	3	3	1	—	—	—	—	2	2	1	—	—	—	1	1	—	—	—	—	2	4	2	2	2
29. Diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Nephritis and Nephrosis	8	6	2	—	—	—	—	—	1	5	1	1	1	1	2	—	—	2	—	—	—	—	—	—	—
31. Hyperplasia of Prostate	12	12	—	—	—	—	—	—	—	1	5	6	—	—	—	—	—	—	—	—	—	—	—	—	—
32. Pregnancy, Childbirth, Abortion	4	—	4	—	—	—	—	—	—	1	5	—	—	1	—	2	—	4	1	3	—	1	7	1	3
33. Congenital Malformations	12	6	6	8	1	1	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	—	10	2	4
34. Premature Birth	20	13	7	20	—	—	—	—	—	—	—	—	—	—	2	1	1	1	1	2	3	1	5	—	—
35. Other defined & ill-defined Diseases	107	44	63	11	—	1	5	4	12	15	1	58	10	1	3	1	1	3	4	1	1	17	4	—	—
36. Motor Vehicle Accidents	4	3	1	—	—	1	—	1	1	—	—	—	—	—	—	—	—	7	10	11	12	33	83	9	29
37. All Other Accidents	31	14	17	—	1	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	6	—	3
38. Suicide	5	3	2	—	—	—	—	—	6	8	1	13	2	1	5	4	1	1	4	5	6	2	28	6	9
39. Homicide & Operations of War	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—
	1348	741	607	59	4	5	5	13	72	312	364	514	79	48	133	115	76	151	134	162	189	261	784	105	254









